

**Congress of the United States**  
Washington, DC 20515

**Treat Our Brain Injured Vets**  
**Cosponsor HR 7299**

Dear Colleague:

November 20, 2008

Congresswoman Napolitano and I have sponsored HR 7299 that requires Tricare and the VA to pay for treatments that improve a vet with traumatic brain injury or PTSD (post-traumatic stress disorder).

**THE GOVERNMENT ONLY PAYS FOR TREATMENT THAT WORKS!**

The military's medical bureaucracy has been slow to implement treatments that have been shown to be clinically effective for TBI & PTSD like Hyperbaric Oxygen Therapy (HBOT). It is inexpensive, effective, and has no side effects. Every veteran treated with HBOT has made significant improvement but Tricare and the VA have refused to pay for those treated even when current treatment failed but where HBOT repaired their injuries.

Two such veterans are U.S. Air Force active duty personnel who were sitting side-by-side when a bomb blast shattered their truck. Both of these men were unable to work, and a U.S. Air Force Medical Doctor, a Colonel, referred both for treatment. The official DOD ANAM neuropsych test scores for these two veterans demonstrated unequivocally that they had made significant improvement. These scores existed before deployment, after injury and after treatment. To the surprise of the referring U.S. Air Force physician, Tricare refused to pay for this effective treatment, treatment that he ordered. Further they do pay for this treatment for 13 other indications, including blast injury and crush injury.

For payments to be made, there must be an IRB-approved protocol, and data must be collected on treated individuals so that the treatment can become the standard of care. All treatments have to be FDA-approved, so this is not for experimental or unapproved drugs or devices with unknown side effects.

The U.S. Congress has already required these two agencies to treat cancer patients in registered clinical trials. Death and destroyed lives are just as real from untreated traumatic brain injury. We hope you will join us by cosponsoring this bill in this Congress or support this legislation next year.



**Chris Cannon**  
Member

To cosponsor in 2008 or become an original cosponsor in 2009, please contact Elizabeth Ziegler in Mrs. Napolitano's office at 5-5256.

HR 7299 IH

110th CONGRESS  
2d Session  
**H. R. 7299**

To direct the Secretary of Defense and the Secretary of Veterans Affairs to make payments for certain treatments of traumatic brain injury and post-traumatic stress disorder.

**IN THE HOUSE OF REPRESENTATIVES**

**November 20, 2008**

Mr. CANNON (for himself and Mrs. NAPOLITANO) introduced the following bill; which was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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**A BILL**

To direct the Secretary of Defense and the Secretary of Veterans Affairs to make payments for certain treatments of traumatic brain injury and post-traumatic stress disorder.

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

**SECTION 1. PAYMENT FOR TREATMENT OF MEMBERS OF THE ARMED FORCES AND VETERANS FOR TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER.**

(a) Payment Process- The Secretary of Defense and the Secretary of Veterans Affairs shall each establish a process through which each Secretary shall provide payment for treatments (including diagnostic testing) of traumatic brain injury and post-traumatic stress disorder received by members of the Armed Forces and veterans in health care facilities other than military treatment facilities or Department of Veterans Affairs medical facilities. Such process shall provide that

payment be made directly to the health care facility furnishing the treatment.

(b) Conditions for Payment- The approval by a Secretary for payment for a treatment pursuant to subsection (a) shall be subject to the following conditions:

(1) Any drug or device used in the treatment must be approved by the Food and Drug Administration for any purpose.

(2) A treatment protocol must be approved for the treatment by an institutional review board operating in accordance with regulations issued by the Secretary of Health and Human Services.

(3) The approved treatment protocol (including any patient disclosure requirements) must be used by the health care provider delivering the treatment.

(4) The patient receiving the treatment must demonstrate an improvement on one or more of the following:

(A) Standardized independent pre-treatment and post-treatment neuropsychological testing.

(B) Accepted survey instruments.

(C) Neurological imaging.

(D) Clinical examination.

(c) Payment Deadline- The Secretary of Defense and the Secretary of Veterans Affairs shall make a payment for a treatment pursuant to subsection (a) not later than 30 days after a member of the Armed Forces or veteran (or health care provider on behalf of such member or veteran) submits to the Secretary documentation regarding the treatment. The Secretary of Defense and the Secretary of Veterans Affairs shall ensure that the documentation required under this subsection may not be an undue burden on the member of the Armed Forces or veteran.

(d) Data Collection and Availability-

(1) IN GENERAL- The Secretary of Defense and the Secretary of Veterans Affairs shall jointly develop and maintain a database containing data from each patient case involving the use of a treatment under this Act. The Secretaries shall ensure that the database preserves confidentiality and be made available only--

(A) for third-party payer examination;

(B) to the appropriate congressional committees and employees of the Department of Defense, the Department of Veterans Affairs, and appropriate State agencies; and

(C) concerning the data of a patient case involving the use of a treatment under this Act, to the primary investigator of the institutional review board that approved such treatment.

(2) ENROLLMENT IN INSTITUTIONAL REVIEW BOARD STUDY- In the case of a patient enrolled in a registered institutional review board study, results may be publically distributable in accordance with regulations and practices as of the date of the enactment of this Act.

*END*