HOUSE BILL 572:
Veterans/eTMS Pilot Program.

2025-2026 General Assembly

Committee:	House Homeland Security and Military and Veterans Affairs. If favorable, re-refer to Health. If favorable, re-refer to Rules, Calendar, and Operations of the House	**Date:**	April 8, 2025
Introduced by:	Reps. Willis, B. Jones, Campbell, Chesser	**Prepared by:**	Karyl Smith Committee Co-Counsel
Analysis of:	First Edition		

OVERVIEW: House Bill 572 would authorize the Department of Military and Veterans Affairs (DMVA) to select a provider to establish a statewide pilot program to make Electroencephalogram combined Transcranial Magnetic Stimulation treatment (eTMS) available for veterans, first responders, and their immediate family members.

BILL ANALYSIS:

Section 1(a) would do the following:

- Require the DMVA to select a provider to establish a statewide program to make eTMS available for veterans, first responder, and immediate family members of veterans and first responders experiencing one or more of the conditions listed in Section 1(b).
- Define various terms, including "eTMS," a treatment in which transcranial magnetic stimulation frequency pulses are tuned to the patient's physiology and biometric data.

Section 1(b) would require that the following conditions be the subject of the pilot program:

- Substance use disorders.
- Mental illness.
- Sleep disorders.
- Traumatic brain injuries.
- Sexual trauma.
- Posttraumatic stress disorder and accompanying comorbidities.
- Concussions.
- Other brain trauma.
- Quality of life issues affecting human performance.

Section 1(c) would do the following:

- Require that the provider display a history of serving veteran and first responder populations at a statewide level.

- Require the provider to establish a network for in-person and off-site care.
- Require the consideration of locations with a large population of first responders and veterans.
- Allow the provider to utilize nonmedical portable magnetic stimulation devices, in addition to traditional eTMS devices, to (i) improve access to underserved populations in remote areas or (ii) be used to serve as a pre-post treatment or a stand-alone device.
- Require the provider to establish and operate a clinical practice and evaluate the outcomes of that clinical practice.

Section 1(d) would require that the pilot program include all of the following:

- The establishment of a peer-to-peer support network by the provider made available to all individuals receiving treatment under the program.
- The requirement that each individual receiving treatment under the program must receive (i) neurophysiological monitoring, (ii) monitoring for symptoms of substance use and other mental health disorders, and (iii) access to counseling and wellness programming. Treated individuals would be required to participate in the peer-to-peer support network established by the provider.
- The establishment of protocols which include the use of adopted stimulation frequency and intensity modulation based on electroencephalograms done on days 0, 10, and 20 and motor threshold testing, as well as clinical symptoms, signs, and biometrics.
- The requirement that protocols and outcomes of any treatment provided by the clinical practice shall be collected and reported by the provider not later than September 15, 2026, to the DMVA, the Joint Legislative Oversight Committee on General Government, and the Fiscal Research Division. The report would include the bio-data metrics and all expenditures made using State funds.

Section 1(e) would allow the DMVA to adopt rules to implement the provisions of the bill.

EFFECTIVE DATE: The bill would become effective when it becomes law.