

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 303 Alternative Treatment Options for Veterans Pilot Program
SPONSOR(S): Burgess, Jr. and others
TIED BILLS: IDEN./SIM. **BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Innovation Subcommittee	13 Y, 0 N	Beattie	Crosier
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) are known as “signature wounds” for service members returning from the conflicts in Iraq and Afghanistan. According to the federal Department of Veterans Affairs (VA), between 11 percent and 20 percent of the individuals who served in these conflicts are diagnosed with PTSD each year.

Complementary and Alternative Medicine (CAM) is a class of therapy that includes treatments not considered standard in the current practice of Western medicine, such as acupuncture, yoga, meditation, and relaxation.

The efficacy of using CAM to treat TBI and PTSD is limited. However, the VA does recognize that many veterans are turning to CAM treatments as an adjunct to other traditional treatments. For example, CAM techniques such as relaxation and mindfulness are used in supporting cognitive behavioral therapies. Additionally, the use of CAM therapies, specifically for the management and treatment of mental health problems such as PTSD, is becoming more common and is increasing in usage.

HB 303 requires the Florida Department of Veterans Affairs (DVA) to contract with one or more individuals, non-profit corporations, state universities, or Florida College System institutions for a period of two years to provide alternative treatment options for veterans who have been certified by the VA, or any branch of the U.S. Armed Forces, as having a TBI or PTSD.

The contracted entity or entities may select the alternative treatments to be offered to veterans with TBI or PTSD, however, they are limited to those which have at least one scientific or medical peer-reviewed study that shows the treatment has a positive effect on TBI or PTSD. Additionally, the bill requires alternative treatment to be provided under the direction or supervision of a licensed physician, osteopathic physician, chiropractic physician, nurse, psychologist, or a clinical social worker, marriage and family therapist or mental health counselor. Each contracted entity must submit an annual report to DVA on each alternative treatment provided to a veteran, the number of veterans served, and the treatment outcomes.

This bill would have an indeterminate, negative fiscal impact on state government. The bill would not have a fiscal impact on local governments.

The bill provides an expiration date of June 30, 2020, and an effective date of July 1, 2018.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Florida Department of Veterans' Affairs

Florida has the nation's third largest veteran population with more than 1.5 million veterans, comprising 12 percent of the state's population aged 18 and older.¹

In 1988, Florida citizens approved a constitutional amendment to create the Florida Department of Veterans Affairs (DVA) as a separate agency charged with providing advocacy and representation for Florida's veterans and to intercede on their behalf with the VA.² The DVA is the state agency that has statutory authority and responsibility for the provision of assistance to all former, present, and future members of the armed forces. Section 292.05(7), F.S., gives the DVA the authority and responsibility to apply for and administer any federal programs and develop and coordinate such state programs as may be beneficial to the interests of the veterans of this state. The DVA helps veterans gain access to federal benefits, including federally funded medical care, to improve their quality of life.³

Traumatic Brain Injury and Post-Traumatic Stress Disorder

Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) are known as "signature wounds" for service members returning from the conflicts in Iraq and Afghanistan. The nature of these conflicts, particularly the use of improvised explosive devices, increases the likelihood that active duty service members will be exposed to incidents, such as blasts, that can result in TBI or PTSD.⁴

The Department of Defense (DoD) and the Defense and Veteran's Brain Injury Center estimate that 22 percent of all combat casualties from these conflicts are brain injuries.⁵ The total number of veterans who have experienced TBI is not known, in part because TBI is difficult to identify, and in part because some veterans have not accessed United States Department of Veterans Affairs (VA) health care services.⁶ According to the VA, between 11 and 20 percent of the individuals who served in these conflicts have PTSD in a given year.⁷

A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.⁸ TBIs vary in terms of severity. Mild TBI may cause headaches, fatigue, lethargy, dizziness, and lightheadedness.⁹ More serious TBI can result in the same signs and symptoms as mild TBI, as well as repeated nausea or vomiting, a persistent or worsening headache, seizures, numbness or weakness in the hands and feet, and loss of coordination.¹⁰ The majority of TBIs sustained by

¹ Florida Department of Veterans' Affairs, *Our Veterans: Fast Facts*, available at <http://floridavets.org/our-veterans/profilefast-facts/> (last visited January 18, 2018).

² Florida Department of Veterans' Affairs, *About Us*, available at <http://floridavets.org/about-us/> (last visited January 18, 2018).

³ *Id.*

⁴ United States Government Accountability Office, *Defense Health Care, Research on Hyperbaric Oxygen Therapy to Treat Traumatic Brain Injury and Post-Traumatic Stress Disorder*, at 1, available at <http://www.gao.gov/assets/680/674334.pdf> (last visited January 18, 2018).

⁵ United States Department of Veterans Affairs, *PTSD: National Center for PTSD, Traumatic Brain Injury and PTSD*, available at <http://www.ptsd.va.gov/professional/co-occurring/traumatic-brain-injury-ptsd.asp> (last visited January 18, 2018).

⁶ Erin Bagalman, *Traumatic Brain Injury Among Veterans*, Congressional Research Service, Jan. 4, 2013, at 4 available at http://www.ncsl.org/documents/statefed/health/TBI_Vets2013.pdf (last visited January 18, 2018).

⁷ United States Department of Veterans Affairs, *PTSD: National Center for PTSD*, available at <http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp> (last visited January 18, 2018).

⁸ Centers for Disease Control and Prevention, *Basic Information about Traumatic Brain Injury and Concussion*, available at <http://www.cdc.gov/traumaticbraininjury/basics.html> (last visited January 18, 2018).

⁹ *Supra* n. 6.

¹⁰ *Id.*

service members are classified as mild TBI, also known as concussion.¹¹ Regardless of the severity of the TBI, it can have adverse effects on all aspects of social functioning, including employment, social relationships, independent living, functional status, and leisure activities.

The high rate of TBI and blast-related concussion events resulting from current combat operations directly impacts the health and safety of individual service members and, subsequently, the level of unit readiness and troop retention.¹² As a result, the effects of TBIs impact each branch of the military, and throughout both the DoD and the VA health care systems.¹³

Generally, PTSD can occur after an individual has experienced a trauma. According to the Mayo Clinic, PTSD is a mental health condition that is triggered by either experiencing or witnessing a terrifying event.¹⁴ Symptoms may include flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event.¹⁵ PTSD may have a delayed onset, which is described as a clinically significant presentation of symptoms at least six months after exposure to trauma, and is one of the most prevalent mental disorders arising from combat.¹⁶

Patients with TBI often meet the criteria for PTSD, and vice versa.¹⁷ Many service members returning from the conflicts in Iraq and Afghanistan have experienced a mild TBI, and also have PTSD related to their combat experience.¹⁸ Studies have found that one-third or more of service members with mild TBI also have PTSD.¹⁹

As of August 2016, 27,015 veterans claiming Florida as their home state have been diagnosed with having either PTSD or TBI. Of that total, 2,779 veterans have been diagnosed as having TBI and 25,018 have been diagnosed as having PTSD. In 2015, 57,309 veterans were diagnosed with having either PTSD or TBI. Of that total, 2,839 veterans were diagnosed as having TBI and 56,064 veterans were diagnosed as having PTSD.²⁰

VA Benefits and Treatment

An individual who served in the active military, naval, or air service, and who was not dishonorably discharged, may qualify for VA health care benefits.²¹ VA health benefits include necessary inpatient hospital care and outpatient services to promote, preserve, or restore a veteran's health.²² VA medical facilities provide a wide range of services, including mental health services.²³ The VA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics; additionally, readjustment counseling services may be available at veteran centers across the nation.²⁴ For veterans with serious mental illness, the VA offers care tailored to help with their specific

¹¹ Defense and Veterans Brain Injury Center, *DoD Worldwide Numbers for TBI*, available at <http://dvbic.dcoe.mil/dod-worldwide-numbers-tbi> (last visited January 18, 2018).

¹² Defense and Veterans Brain Injury Center, *TBI and the Military*, available at <http://dvbic.dcoe.mil/about/tbi-military> (last visited January 18, 2018).

¹³ *Id.*

¹⁴ Mayo Clinic, *Diseases and Conditions, Post-traumatic stress disorder (PTSD)*, available at <http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/basics/definition/con-20022540> (last visited January 18, 2018).

¹⁵ *Id.*

¹⁶ *Supra* n. 4 at 5.

¹⁷ United States Department of Veterans Affairs, *PTSD: National Center for PTSD, Traumatic Brain Injury and PTSD*, available at <http://www.ptsd.va.gov/professional/co-occurring/traumatic-brain-injury-ptsd.asp> (last visited January 18, 2018).

¹⁸ *Id.*

¹⁹ *Supra* n. 4 at 2.

²⁰ Data obtained from FDVA. (on file with Health Innovation Subcommittee staff).

²¹ U.S. Department of Veterans Affairs, *Federal Benefits for Veterans, Dependents and Survivors*, available at http://www.va.gov/opa/publications/benefits_book/benefits_chap01.asp (last visited January 18, 2018).

²² U.S. Department of Veterans Affairs, *Health Benefits*, available at http://www.va.gov/HEALTHBENEFITS/access/medical_benefits_package.asp (last visited January 18, 2018).

²³ *Id.*

²⁴ *Id.*

diagnosis and to promote recovery.²⁵ Serious mental illnesses include a variety of diagnoses that result in significant problems functioning in the community.²⁶

Once a veteran is enrolled, a veteran will remain enrolled in the VA health care system unless they formally wish to disenroll.²⁷ An enrolled veteran may seek care at any VA facility without being required or requested to reestablish eligibility for VA health care enrollment purposes.²⁸ Veterans who are enrolled in the VA health care system do not pay premiums.²⁹ However, some do have to pay copayments for medical services and outpatient medications related to the treatment of nonservice-connected conditions.³⁰ Additionally, the VA classifies veterans into eight enrollment priority groups based on varying factors³¹ and, depending on which priority group a veteran is in, the veteran can be charged copayments for inpatient and outpatient care, outpatient medication, and long-term care services.

The VA may pay the necessary expense of travel, including lodging and subsistence, or an allowance based on mileage for eligible veterans going to vocational rehabilitation, counseling, examinations, treatment or care at a VA facility.³²

The VA and the DoD have worked together to develop joint clinical practice guidelines including guidelines for treatment for PTSD and TBI.³³ These guidelines provide scientific evidence-based practice evaluations and interventions.³⁴ The VA recommends considering and offering as appropriate, a primary care, symptom-driven approach in the evaluation and treatment of patients with TBI and persistent symptoms.³⁵ To treat the behavioral symptoms of TBI, the VA recommends assessing for commonly associated conditions such as depression, PTSD, and other mental health problems and treating those conditions according to the guidelines set out by those clinical practice groups.³⁶ To treat patients with PTSD, the VA recommends individual, manualized trauma-focused psychotherapies that have a primary component of exposure and/or cognitive restructuring.³⁷ These may include Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Brief Eclectic Psychotherapy, Narrative Exposure Therapy, written narrative exposure, and specific cognitive behavioral therapies for PTSD.³⁸

²⁵ *Supra* n. 21.

²⁶ *Id.*

²⁷ Sidath Viranga Panangala, *Health Care for Veterans: Answers to Frequently Asked Questions*, Congressional Research Service, Apr. 21, 2016, at 4, available at <https://fas.org/sgp/crs/misc/R42747.pdf> (last visited January 18, 2018).

²⁸ *Id.*

²⁹ *Id.* at Summary.

³⁰ *Id.*

³¹ *Id.* at 26. Factors include, but are not limited to, service-connected disabilities or exposures, prisoner of war status, receipt of a Purple Heart or Medal of Honor, and income.

³² 38 C.F.R. § 111 (2008).

³³ Katherine Blakeley and Don J. Jansen, *Post-Traumatic Stress Disorder and Other Mental Health Problems in the Military: Oversight Issues for Congress*, Congressional Research Service, Aug. 8, 2013, at 12 available at: <https://www.fas.org/sgp/crs/natsec/R43175.pdf> (last visited January 18, 2018).

³⁴ *Id.*

³⁵ U.S. Department of Veterans Affairs, *VA/DoD Clinical Practice Guideline for the Management of Concussion-Mild Traumatic Brain Injury*, at 28, available at: <https://www.healthquality.va.gov/guidelines/Rehab/mtbi/mTBICPGFullCPG50821816.pdf> (last visited January 18, 2018).

³⁶ *Id.* at 35.

³⁷ *Id.* at 36.

³⁸ U.S. Department of Veterans Affairs, *VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder*, at 34, available at: <https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGFinal082917.pdf> (last visited January 18, 2018).

Choice Program (Non-VA Care)

The Veterans Access, Choice, and Accountability Act of 2014³⁹ (Choice Program) was signed by President Obama on August 7, 2014. Under the Choice Program, veterans may be authorized by the VA to seek care outside of the VA health system if they meet any of the following requirements:⁴⁰

- **30 day wait list:** A veteran is informed by their local VA medical facility that an appointment may not be scheduled either:
 - Within 30 days of when the veteran’s clinician determines he or she needs to be seen, or
 - Within 30 days of when the veteran wishes to see a provider.
- **40 miles or more distance:** A veteran lives 40 miles from a VA medical facility that has a full-time primary care physician.
- **40 miles or less distance:** A veteran does not reside in Guam, American Samoa, or the Republic of the Philippines, and:
 - Travels by air, boat, or ferry in order to receive care from their local VA facility; or
 - Incurs traveling burden based on environmental factors, geographic challenges, or a medical condition.
- **State or territory without a VA facility that provides inpatient, emergency and complex surgical care:** A veteran resides more than 20 miles from a VA medical facility and is in either:
 - Alaska
 - Hawaii
 - New Hampshire
 - A U.S. territory, excluding Puerto Rico.

The Choice Program is administered by two private third-party contractors: Health Net Federal Services, LLC, and TriWest Healthcare Alliance Corporation.⁴¹ Either contractor will provide information to eligible veterans and schedule their appointments.⁴² All appointments must be within 30 calendar days. The contractor informs the VA when the appointment is scheduled.⁴³ Additionally, all authorizations of care issued by either contractor must be pre-authorized prior to being delivered to veterans.⁴⁴ Any service given to a veteran without prior authorization may not be covered by the VA.⁴⁵ Lastly, a veteran’s out-of-pocket expenses are the same as those under the VA health care system.⁴⁶

The Comprehensive Addiction and Recovery Act of 2016

The Comprehensive Addiction and Recovery Act of 2016 (CARA),⁴⁷ in part, established the “Creating Options for Veterans’ Expedited Recovery” Commission (Commission) to examine the evidence-based therapy treatment model used by the VA for treating mental health conditions of veterans. CARA also directs the Commission to examine available research on the use of the following Complementary and Alternative Medicine (CAM) therapies for mental health issues and identify the benefits for veterans:⁴⁸

- Music therapy;
- Equine therapy;
- Training and caring for service dogs;
- Yoga therapy;
- Acupuncture therapy;

³⁹ Pub. L. No. 113-146, H.R. 3230, 113th Cong. (Aug. 7, 2014).

⁴⁰ *Supra* n. 27 at 20.

⁴¹ *Id.* at 21.

⁴² *Id.*

⁴³ *Id.*

⁴⁴ *Id.* at 22.

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ Pub. L. No. 114-198, S. 524, 114th Cong. (July 22, 2016).

⁴⁸ *Id.*

- Meditation therapy;
- Outdoor sports therapy;
- Hyperbaric oxygen therapy;
- Accelerated resolution therapy; and
- Other therapies the Commission deems appropriate.

No later than 18 months after the first meeting, the Commission must submit a report on its findings and must include, among other things:⁴⁹

- Recommendations;
- An analysis of the evidence-based therapy model used by the VA for treating veterans with mental issues; and
- An examination of the CAM treatments and the potential benefits of incorporating those treatments in the VA model for treating veterans with mental health issues.

Lastly, no later than 90 days after the submission of the report, the Secretary of the VA must submit an action plan for implementing any recommendations made by the Commission and a timeframe for implementing CAM treatments department-wide.⁵⁰

Accelerated Resolution Therapy

Accelerated resolution therapy (ART) eliminates distressing memories of traumatic experiences and replaces the distressing memories and images with more pleasing ones.⁵¹ ART accomplishes this through sets of rapid eye movements similar to eye movements that occur during dreaming.⁵² The length of treatment with ART is based on the processing of one or more traumatic memories that contributes to symptoms of PTSD.⁵³ Depending on circumstances, it is possible to process up to three memories in a one-hour session.⁵⁴

Acupuncture

Section 457.102(1), F.S., defines acupuncture as a form of primary health care, based on traditional Chinese medical concepts and modern oriental medical techniques, that employs acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease. The statute defines acupuncture to include, but not be limited to:

- The insertion of acupuncture needles and the application of moxibustion⁵⁵ to specific areas of the human body;
- The use of electroacupuncture;
- Qi Gong;⁵⁶
- Oriental massage;
- Herbal therapy;

⁴⁹ *Id.*

⁵⁰ *Id.*

⁵¹ Kevin Kip, et al., Brief Treatment of Symptoms of Post-Traumatic Stress Disorder (PTSD) by Use of Accelerated Resolution Therapy (ART®), Behavioral Sci., Vol. 2, Issue 2, (2012), available at <http://www.mdpi.com/2076-328X/2/2/115/htm> (last visited January 19, 2018).

⁵² *Id.*

⁵³ *Id.*

⁵⁴ *Id.*

⁵⁵ Moxibustion is a form of heat therapy in which dried plant materials called "moxa" are burned on or very near the surface of the skin. University of Minnesota, *Taking Charge of Your Health and Wellbeing: Moxibustion*, available at <https://www.takingcharge.csh.umn.edu/explore-healing-practices/moxibustion> (last visited January 19, 2018).

⁵⁶ Qi Gong is made up of mind-body-breathing techniques; it uses a combination of movement, self-massage, meditation, and breathing to relax the body. Qi Gong includes a number of Taoist and Buddhist meditative practices, including Tai Chi. Qigong Institute, *What is Qigong*, available at <https://www.qigonginstitute.org/category/5/what-is-qigong> (last visited January 19, 2018).

- Dietary guidelines; and
- Other adjunctive therapies, as defined the Board of Acupuncture.

Acupuncture may help ease chronic pain such as low-back pain, neck pain, and osteoarthritis; it may also help reduce the frequency of tension headaches and prevent migraine headaches.⁵⁷ However, clinical practice guidelines for acupuncture are inconsistent.⁵⁸

Hyperbaric oxygen therapy

Hyperbaric oxygen therapy involves breathing pure oxygen in a pressurized room or tube.⁵⁹ In a hyperbaric oxygen therapy chamber, the air pressure is increased to three times higher than normal air pressure so that an individual's lungs can gather more oxygen.⁶⁰ An increase in blood oxygen temporarily restores normal levels of blood gases and tissue function to promote healing and fight infection.⁶¹ To benefit from hyperbaric oxygen therapy, an individual typically needs 20 to 40 treatments.⁶²

The Food and Drug Administration has not approved HBOT as a treatment for TBI or PTSD. However, HBOT is currently in use for the following 14 FDA-accepted indications:⁶³

- Air or gas embolism.
- Carbon monoxide poisoning.
- Clostridial myositis and myonecrosis (gas gangrene).
- Crush injury, compartment syndrome, and other acute traumatic ischemias.
- Decompression sickness.
- Arterial insufficiency which includes non-healing wounds, diabetic foot wounds, hypoxic wounds, and other non-healing wounds.
- Exceptional blood loss anemia.
- Intracranial abscess.
- Necrotizing soft tissue infections.
- Osteomyelitis.
- Radiation tissue damage.
- Skin grafts and flaps.
- Thermal burns.
- Idiopathic sudden sensorineural hearing loss.

Some researchers have reported positive results with using HBOT to treat PTSD or TBI. In contrast, the DoD, in conjunction with the VA, conducted a clinical trial that was published in January 2015 that concluded that HBOT showed no benefits for treating PTSD and/or TBI.⁶⁴

⁵⁷ National Institute of Health: National Center for Complementary and Integrative Health, *Acupuncture: In Depth*, available at <https://nccih.nih.gov/health/acupuncture/introduction> (last visited January 19, 2018).

⁵⁸ Id.

⁵⁹ Mayo Clinic, *Hyperbaric oxygen therapy: Definition*, available at <http://www.mayoclinic.org/tests-procedures/hyperbaric-oxygen-therapy/basics/definition/prc-20019167> (last visited January 19, 2018).

⁶⁰ Id.

⁶¹ Mayo Clinic, *Hyperbaric oxygen therapy: Why it's done*, available at <http://www.mayoclinic.org/tests-procedures/hyperbaric-oxygen-therapy/basics/why-its-done/prc-20019167> (last visited January 19, 2018).

⁶² Mayo Clinic, *Hyperbaric oxygen therapy: Results*, available at <http://www.mayoclinic.org/tests-procedures/hyperbaric-oxygen-therapy/basics/results/prc-20019167> (last visited January 19, 2018).

⁶³ United States Food and Drug Administration, *Hyperbaric Oxygen Therapy: Don't Be Misled*, available at <http://www.fda.gov/forconsumers/consumerupdates/ucm364687.htm> (last visited January 19, 2018).

⁶⁴ R. Scott Miller, *Effects of Hyperbaric Oxygen on Symptoms and Quality of Life Among Service Members with Persistent Postconcussion Symptoms*, *JAMA Internal Medicine*, January 2015, available at <http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1935931> (last visited January 19, 2018).

Music therapy

Music therapy is the specialized use of music to address an individual's social, communication, emotional, physical, cognitive, sensory and spiritual needs.⁶⁵ After assessing the strengths and needs of each client, a qualified music therapist provides treatment, which may include creating, singing, moving to, or listening to music.⁶⁶ Music therapy also provides a method of communication that can be helpful to those who find it difficult to express themselves in words.⁶⁷ Research in music therapy supports its effectiveness in many areas, such as:

- Overall physical rehabilitation and facilitating movement;
- Increasing people's motivation to become engaged in their treatment;
- Providing emotional support for clients and their families; and
- Providing an outlet for expression of feelings.⁶⁸

Yoga therapy

Yoga is a mind and body practice with origins in ancient Indian philosophy.⁶⁹ The various styles of yoga typically combine physical postures, breathing techniques, and meditation or relaxation.⁷⁰ Yoga therapy is the appropriate application of the practice of yoga in a therapeutic context to support a consistent yoga practice that will increase self-awareness and engage an individual's energy in the direction of desired goals.⁷¹ The goals of yoga therapy include:

- Eliminating, reducing, or managing symptoms that cause suffering;
- Improving function;
- Helping to prevent the occurrence or reoccurrence of underlying causes of illness; and
- Moving toward improved health and wellbeing.⁷²

Current Use of Complementary and Alternative Medicine (CAM)

CAM is a class of therapy that includes treatments not considered standard in the current practice of Western medicine. Complementary refers to the use of these techniques in conjunction with conventional approaches. Alternative refers to their use in lieu of conventional practices.⁷³ The efficacy of using CAM to treat TBI and PTSD is limited, but evidence suggests that some CAM approaches have modest beneficial effects.⁷⁴ CAM techniques such as relaxation and mindfulness are already incorporated in conventional cognitive and behavioral therapy for PTSD.⁷⁵

The VA does recognize that many veterans are turning to CAM treatments as an adjunct to other traditional treatments.⁷⁶ One study found that veterans with PTSD were 25% more likely than veterans

⁶⁵ The Certified Board for Music Therapists, available at <http://www.cbmt.org/> (last visited January 19, 2018).

⁶⁶ American Music Therapy Association, *What is Music Therapy*, available at <http://www.musictherapy.org/about/musictherapy/> (last visited January 19, 2018).

⁶⁷ American Music Therapy Association, *What is Music Therapy: Definitions and Quotes About Music Therapy*, available at <http://www.musictherapy.org/about/quotes/> (last visited January 19, 2018).

⁶⁸ *Id.*

⁶⁹ National Institute of Health: National Center for Complementary and Integrative Health, *Yoga*, available at <https://nccih.nih.gov/health/yoga> (last visited January 19, 2018).

⁷⁰ *Id.*

⁷¹ The International Association of Yoga Therapists, *Educational Standards for the Training of Yoga Therapists: Definition of Yoga Therapy*, Jul. 1, 2012, available at http://c.ymcdn.com/sites/www.iayt.org/resource/resmgr/Docs_Articles/IAYTDef_YogaTherapy_Ed_Stand.pdf (last visited January 19, 2018).

⁷² *Id.*

⁷³ United States Department of Veterans Affairs, *Complementary and Alternative Medicine (CAM) for PTSD*, http://www.ptsd.va.gov/professional/treatment/overview/complementary_alternative_for_ptsd.asp (last visited January 18, 2018).

⁷⁴ *Id.*

⁷⁵ *Id.*

⁷⁶ *Id.*

without PTSD to report CAM use, in particular, biofeedback and relaxation.⁷⁷ A 2011 survey of all 141 VA facilities found that 89% of VA facilities offered CAM and 1% were in the process of developing CAM programs.⁷⁸ Despite the widespread use of CAM among individuals with PTSD, there is limited available evidence supporting the efficacy of CAM for treating PTSD is limited.⁷⁹ Additionally, the VA does not have specific policies or guidance related to these alternative therapies.⁸⁰ However, the VA is implementing mechanisms to track use and effectiveness of CAM among VA patients to inform future clinical guidance, policies, and best practices for the use of CAM.⁸¹

CAM in Other States

Five states (Colorado, Indiana, Minnesota, North Dakota, and Oklahoma) have enacted legislation regarding the use of CAM.⁸² Of these states, only Colorado has developed a program to study the efficacy of CAM. Results of the study will be published in 2020.⁸³

Effect of Proposed Changes

HB 303 requires the DVA to contract with one or more individuals, non-profit corporations, state universities, or Florida College System institutions for a period of two years to provide alternative treatment options for veterans who have been certified by the VA, or any branch of the U.S. Armed Forces, as having a TBI or PTSD.

The contracted entity or entities may select the alternative treatments to be offered to veterans with TBI or PTSD, however, they are limited to those which have at least one scientific or medical peer-reviewed study that shows the treatment has some positive effect on TBI or PTSD. Additionally, the bill requires alternative treatment to be provided under the direction or supervision of a licensed physician, osteopathic physician, chiropractic physician, nurse, psychologist, or a clinical social worker, marriage and family therapist or mental health counselor.

Each contracted entity must submit an annual report to DVA on each alternative treatment provided to a veteran, the number of veterans served, and the treatment outcomes.

The bill provides an expiration date of June 30, 2020 and an effective date of July 1, 2018.

B. SECTION DIRECTORY:

Section 1: Creates s. 295.156, relating to alternative treatment options for veterans.

Section 2: Provides an effective date of July 1, 2018.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

⁷⁷ *Id.*

⁷⁸ *Id.*

⁷⁹ *Id.*

⁸⁰ *Id.*

⁸¹ *Id.*

⁸² Information obtained via email from National Conference of State Legislatures, August 3, 2016. (on file with Health Innovation Subcommittee staff).

⁸³ Bailit Health, *State Spinal Cord Injury Programs, A Research Report For the Colorado Department of Health Care Policy and Financing*, <https://www.colorado.gov/pacific/sites/default/files/Spinal%20Cord%20Injury%20Research%20Report-November%202016.pdf> (last visited January 18, 2018).

2. Expenditures:

The bill would have an indeterminate, negative impact on DVA. The bill directs DVA to contract with one or more individuals, non-profit corporations, state universities or colleges to provide alternative treatment options for veterans but there is no appropriation in the bill.

However, HB 3783 would appropriate \$2,000,000 in non-recurring general revenue funds to the DVA to fund the Alternative Treatment for Veterans-University of South Florida.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill will have a positive impact on veterans opting to receive alternative treatments for PTSD or TBI in lieu of or in addition to traditional treatments.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides DVA with sufficient rulemaking authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES