## GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2025

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## H.B. 572 Mar 27, 2025 HOUSE PRINCIPAL CLERK

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## HOUSE BILL DRH40337-LM-109

Short Title:	Veterans/eTMS Pilot Program.	(Public)
Sponsors:	Representative Willis.	
Referred to:		

1	A BILL TO BE ENTITLED			
2	AN ACT AUTHORIZING THE DEPARTMENT OF MILITARY AND VETERANS AFFAIRS			
3	TO SELECT A PROVIDER TO ESTABLISH A STATEWIDE PILOT PROGRAM TO			
4	MAKE ELECTROENCEPHALOGRAM COMBINED TRANSCRANIAL MAGNETIC			
5	STIMULATION TREATMENT AVAILABLE FOR VETERANS, FIRST RESPONDERS,			
6	AND THEIR IMMEDIATE FAMILY MEMBERS.			
7	The General Assembly of North Carolina enacts:			
8	SECTION 1.(a) The Department of Military and Veterans Affairs shall select a			
9	provider to establish a statewide pilot program to make eTMS available for veterans, first			
10	responders, and immediate family members of veterans and first responders experiencing one or			
11	more of the conditions listed in subsection (b) of this section. For purposes of this act, the			
12	following definitions shall apply:			
13	(1)	Electroencephalogram combined Transcranial Magnetic Stimulation		
14		Treatment (eTMS) Treatment in which transcranial magnetic stimulation		
15		frequency pulses are tuned to the patient's physiology and biometric data.		
16	(2)	Immediate family. – A spouse, child, stepchild, parent, or stepparent.		
17	(3)	Veteran. – A person who (i) served in the Armed Forces of the United States		
18		on active duty, for reasons other than training, and has been discharged under		
19		other than dishonorable conditions, (ii) served in a reserve component as		
20		defined in 38 U.S.C. § 101(27), and (iii) served in the National Guard of any		
21		state.		
22		<b>FION 1.(b)</b> The conditions that shall be the subject of the pilot program are the		
23	following:			
24	(1)	Substance use disorders.		
25	(2)	Mental illness.		
26	(3)	Sleep disorders.		
27	(4)	Traumatic brain injuries.		
28	(5)	Sexual trauma.		
29	(6)	Posttraumatic stress disorder and accompanying comorbidities.		
30	(7)	Concussions.		
31	(8)	Other brain trauma.		
32	(9)	Quality of life issues affecting human performance, including issues related		
33		to or resulting from problems with cognition and problems maintaining		
34		attention, concentration, or focus.		
35	<b>SECTION 1.(c)</b> The provider selected by the Department to conduct the pilot			
36	36 program must display a history of serving veteran and first responder populations at a statewide			



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level. The provider shall establish a network for in-person and off-site care with the goal of 1 2 providing statewide access. Consideration shall be provided to locations with a large population 3 of first responders and veterans. In addition to traditional eTMS devices, the provider may utilize 4 nonmedical portable magnetic stimulation devices to improve access to underserved populations 5 in remote areas or to be used to serve as a pre-post treatment or a stand-alone device. The provider 6 shall be required to establish and operate a clinical practice and to evaluate outcomes of such 7 clinical practice. 8 **SECTION 1.(d)** At a minimum, the pilot program shall include all of the following: 9 The establishment of a peer-to-peer support network by the provider made (1)10 available to all individuals receiving treatment under the program. The requirement that each individual who receives treatment under the 11 (2)12 program also must receive neurophysiological monitoring, monitoring for 13 symptoms of substance use and other mental health disorders, and access to 14 counseling and wellness programming. Each individual who receives 15 treatment must also participate in the peer-to-peer support network established 16 by the provider. The establishment of protocols which include the use of adopted stimulation 17 (3) 18 frequency and intensity modulation based on EEGs done on days 0, 10, and 19 20 and motor threshold testing, as well as clinical symptoms, signs, and 20 biometrics. 21 (4) The requirement that protocols and outcomes of any treatment provided by the clinical practice shall be collected and reported by the provider not later 22 than September 15, 2026, to the Department, the Joint Legislative Oversight 23 24 Committee on General Government, and the Fiscal Research Division. The 25 report shall include the bio-data metrics and all expenditures made using State 26 funds. 27 **SECTION 1.(e)** The Department may adopt rules to implement the provisions of this 28 act. 29 **SECTION 2.** This act is effective when it becomes law.