

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

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HOUSE BILL 572

Short Title: Veterans/eTMS Pilot Program. (Public)

Sponsors: Representatives Willis, B. Jones, Campbell, and Chesser (Primary Sponsors).

For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Homeland Security and Military and Veterans Affairs, if favorable, Health, if favorable, Rules, Calendar, and Operations of the House

April 1, 2025

A BILL TO BE ENTITLED
AN ACT AUTHORIZING THE DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
TO SELECT A PROVIDER TO ESTABLISH A STATEWIDE PILOT PROGRAM TO
MAKE ELECTROENCEPHALOGRAM COMBINED TRANSCRANIAL MAGNETIC
STIMULATION TREATMENT AVAILABLE FOR VETERANS, FIRST RESPONDERS,
AND THEIR IMMEDIATE FAMILY MEMBERS.

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Department of Military and Veterans Affairs shall select a provider to establish a statewide pilot program to make eTMS available for veterans, first responders, and immediate family members of veterans and first responders experiencing one or more of the conditions listed in subsection (b) of this section. For purposes of this act, the following definitions shall apply:

- (1) Electroencephalogram combined Transcranial Magnetic Stimulation Treatment (eTMS). – Treatment in which transcranial magnetic stimulation frequency pulses are tuned to the patient's physiology and biometric data.
- (2) Immediate family. – A spouse, child, stepchild, parent, or stepparent.
- (3) Veteran. – A person who (i) served in the Armed Forces of the United States on active duty, for reasons other than training, and has been discharged under other than dishonorable conditions, (ii) served in a reserve component as defined in 38 U.S.C. § 101(27), and (iii) served in the National Guard of any state.

SECTION 1.(b) The conditions that shall be the subject of the pilot program are the following:

- (1) Substance use disorders.
- (2) Mental illness.
- (3) Sleep disorders.
- (4) Traumatic brain injuries.
- (5) Sexual trauma.
- (6) Posttraumatic stress disorder and accompanying comorbidities.
- (7) Concussions.
- (8) Other brain trauma.
- (9) Quality of life issues affecting human performance, including issues related to or resulting from problems with cognition and problems maintaining attention, concentration, or focus.



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1 **SECTION 1.(c)** The provider selected by the Department to conduct the pilot
2 program must display a history of serving veteran and first responder populations at a statewide
3 level. The provider shall establish a network for in-person and off-site care with the goal of
4 providing statewide access. Consideration shall be provided to locations with a large population
5 of first responders and veterans. In addition to traditional eTMS devices, the provider may utilize
6 nonmedical portable magnetic stimulation devices to improve access to underserved populations
7 in remote areas or to be used to serve as a pre-post treatment or a stand-alone device. The provider
8 shall be required to establish and operate a clinical practice and to evaluate outcomes of such
9 clinical practice.

10 **SECTION 1.(d)** At a minimum, the pilot program shall include all of the following:

- 11 (1) The establishment of a peer-to-peer support network by the provider made
12 available to all individuals receiving treatment under the program.
- 13 (2) The requirement that each individual who receives treatment under the
14 program also must receive neurophysiological monitoring, monitoring for
15 symptoms of substance use and other mental health disorders, and access to
16 counseling and wellness programming. Each individual who receives
17 treatment must also participate in the peer-to-peer support network established
18 by the provider.
- 19 (3) The establishment of protocols which include the use of adopted stimulation
20 frequency and intensity modulation based on EEGs done on days 0, 10, and
21 20 and motor threshold testing, as well as clinical symptoms, signs, and
22 biometrics.
- 23 (4) The requirement that protocols and outcomes of any treatment provided by
24 the clinical practice shall be collected and reported by the provider not later
25 than September 15, 2026, to the Department, the Joint Legislative Oversight
26 Committee on General Government, and the Fiscal Research Division. The
27 report shall include the bio-data metrics and all expenditures made using State
28 funds.

29 **SECTION 1.(e)** The Department may adopt rules to implement the provisions of this

30 act.

31 **SECTION 2.** This act is effective when it becomes law.