

SENATE BILL NO. 636

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Appropriations

on February 28, 2024)

(Patron Prior to Substitute--Senator Locke)

A BILL to establish a pilot program for transcranial magnetic stimulation; report.

Be it enacted by the General Assembly of Virginia:

1. § 1. That the Department of Behavioral Health and Development Services (the Department) shall establish a pilot program to make electroencephalogram (EEG) combined transcranial magnetic stimulation available for veterans, service members, first responders, law-enforcement officers, and other federal employees with substance use disorders, mental illness, sleep disorders, traumatic brain injuries, sexual trauma, post-traumatic stress disorder and accompanying comorbidities, concussions or other brain trauma, or other quality of life issues.

§ 2. The Department shall choose two locations, one in Northern Virginia and one in Hampton Roads, for the pilot program and shall enter into a contract for the purchase of services related to the pilot program. The contract shall include provisions requiring the supplier to establish and operate a clinical practice, to evaluate outcomes of the clinical practice, to expend payments received from the state as needed for purposes of the program, and to report quarterly regarding the pilot program to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health and Human Services.

§ 3. The State Board of Behavioral Health and Developmental Services (the Board) shall adopt regulations as necessary to administer this act, including regulations that:

1. Require that a peer-to-peer support network be established and made available by the supplier to any individual receiving treatment under the program;

25 2. Establish that the program protocol will be to use adapted stimulation frequency and intensity
26 modulation based on EEG and motor threshold testing, as well as clinical symptoms and signs and
27 biometrics;

28 3. Require that each individual who receives treatment under the program also receive
29 neurophysiological monitoring, with EEG and autonomic nervous systems assessments; receive checklists
30 of symptoms of alcohol, opioid, or other substance use; and participate in the peer-to-peer support network
31 established by the supplier;

32 4. Require that protocols and outcomes of the clinical practice, and of any treatment provided by
33 the clinical practice, be collected and reported quarterly in a report provided by the supplier;

34 5. Require that any individual who receives treatment at the clinical practice be eligible for a
35 minimum of two electroencephalograms during the course of the individual's treatment; and

36 6. Require that the report required by this act include a thorough accounting of the use and
37 expenditure of all funds received from the state under this act.

38 § 4. As used in this act:

39 "Electroencephalogram (EEG) combined transcranial magnetic stimulation" means treatment in
40 which transcranial magnetic stimulation (TMS) frequency pulses are tuned to the patient's physiology and
41 biometric data, using a pre-TMS EEG.

42 "Quality of life issues" means issues affecting human performance, including issues related to or
43 resulting from problems with sleep, cognition and problems maintaining attention, concentration, or focus.

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