

Summary of the Checks and Balances put into HB1942: The Oklahoma Veteran Recovery Plan

By the way, John. I crafted in the legislation every check on the system to protect the state I could think of. Here is a summary of those checks. I do not know of any other study ever created that put this much check and balance and long-term tracking outcomes, and only payment for treatment that succeeded, into a study or policy operation.

1. The Revolving Fund: This fund is NOT intended to be depleted. It is intended that the fund be kept fully filled and the State's money simply utilized to pay for treatment.
2. Under provisions of the OK TBI Treatment Act, only treatments that work get paid for.
3. Rate for payment is set by Medicare, which is considered cost.
4. Checks for validity from both University Medical Schools
 - a. OSUCHS
 - i. IRB-approved studies only.
 1. All data is scientifically validated and collected.
 2. All patient protection rules followed.
 3. Third party (IRB) rules on safety and risk-benefit analysis of patient participation in the study.
 - ii. Licensed State Health Care Practitioners Deliver Treatment
 - iii. Evaluations of patients are separated from the physicians who did the actual treatment. Even results from ANAM and CNSVital Signs are independent of Dr. Rock's clinical evaluations.
 - iv. ANAM is an Oklahoma product, and is cross correlated with imaging and the PTSD scales. Therefore this is as valid a measure, not subject to placebo effects, as can scientifically be created.
 - v. Always Physician Supervision
 - vi. Complete Education and Training package to ensure proper application and scientific rigor
 - b. OU-Norman and OUHSC College of Public Health Certify results to the Department of Insurance before payment is issued.
 - i. Track the Scientific Rigor and validity of all data
 - ii. Analyze and public reports to policy makers
 - c. OSU Department of Occupational Education
 - i. OSU, all under the auspices of Western IRB, is the only organization that has direct contact with study subjects.
 - ii. OSUCHS does patient evaluations, and approves the qualifications of sites that are not OSU specific (such as neurologists, neuropsychologists, etc.) and trains them to properly and consistently handle intake of patients.
 - iii. OSU Department of Occupational Education handles all long term tracking of patients, in all public policy areas and mandatory spending areas to ensure that

the results being followed match the expected results from other scientific studies that tell what the consequences of brain injury are.

1. For example: Known: TBI results in a 50% future lifetime loss of income. It is expected that future income will go up for the population as a whole. It may not go up by 50% because some have been knocked off of their career tracks, but the trend should be positive, and the tax dollars that are collected as a result are measurable.
2. Disability and Unemployment from those who have left the work force should go up.
5. The risk to the state is thus minimal. No payment unless the treatment works, and no one can criticize the state for attempting to fix a problem using scientifically validated methods, and truly tracking the outcomes in a long term and scientifically rigorous manner.

Had I been able to think of any other checks, I would have put them in.

Bill Duncan