

Date of Hearing: March 24, 2026

ASSEMBLY COMMITTEE ON MILITARY AND VETERANS AFFAIRS

Pilar Schiavo, Chair

AB 1616 (Davies) – As Introduced January 21, 2026

SUBJECT: Veterans.

SUMMARY: Requires the California Department of Veterans Affairs (CalVet), upon appropriation, to establish a program to fund a study for nonnarcotic post-traumatic stress disorder (PTSD) treatments, including, but not limited to, hyperbaric oxygen therapy (HBOT). Specifically, **this bill:**

- 1) Requires CalVet, upon appropriation from the Legislature, to establish a study for nonnarcotic PTSD treatments. Requires these nonnarcotic treatments to include, but not be limited to, HBOT.
- 2) Requires CalVet to prepare and submit to the Legislature a report that summarizes the findings and recommendations of the study no later than June 30, 2030. Requires the report and submission to comply with specified parameters.
- 3) Provides that this bill's provisions shall remain in effect only until January 1, 2031, and as of that date is repealed.

EXISTING LAW:

- 1) Requires CalVet to make available to family members of veterans returning from active duty user-friendly internet resources that provide information on the signs of pertinent ailments from various conflicts and printed material regarding those ailments at any public function of the department. (Military & Veterans Code (MVC) § 712)
- 2) Requires the Secretary of CalVet, or their designees, to assist any eligible member or veteran who returns or has returned to this state in obtaining an appropriate health screening test for traumatic brain injury (TBI) and PTSD. (MVC § 399.5)
- 3) Requires the Commission on Peace Officers Standards and Training to meet with CalVet and community, local, or other state organizations and agencies that have expertise in the area of TBI and PTSD in order to assess the training needed by peace officers, who are first responders in emergency situations, on the topic of returning veterans or other persons suffering from TBI or PTSD. (Penal Code § 13515.36)

FISCAL EFFECT: This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, “California is home to more veterans than any other state, and many of them continue to struggle with the invisible wounds of service, including PTSD. While traditional treatments and medications have helped some veterans, many continue to experience persistent symptoms and need additional options for care. AB 1616 will help California take an important step forward by establishing a state-supported study of non-narcotic PTSD treatments, including promising therapies such as

hyperbaric oxygen therapy. By investing in research and gathering reliable data on emerging treatments, this bill will help ensure that veterans have access to safe, effective, and innovative care options beyond narcotic medications. The findings from this study will provide the Legislature with the information needed to expand treatment pathways and improve the quality of life for the men and women who have sacrificed so much in service to our country.”

2) BACKGROUND.

- a) **PTSD.** PTSD is a mental health condition triggered by experiencing or witnessing terrifying events, such as war, abuse, or accidents. Symptoms—including flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event—last over a month and interfere with daily functioning. PTSD symptoms may start within the first three months after a traumatic event. But sometimes symptoms may not appear until years after the event. These symptoms last more than one month and cause major problems in social or work situations. The severity of these symptoms can also affect an individual’s ability to do usual daily tasks. Generally, PTSD symptoms are grouped into four types: intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions.¹
- b) **PTSD and Veterans.** PTSD is slightly more common among veterans than civilians. At some point in their lives, 7% of veterans will develop PTSD. Female veterans report PTSD at 13% versus male veterans at 6%. Research is ongoing to better understand how PTSD affects veterans of color, LGBTQ+ veterans and those of other diverse backgrounds. These social factors impact risk of trauma and PTSD in civilian life and in the military. Additionally, the number of veterans with PTSD varies by service era. For example, veterans of Operations Iraqi Freedom and Enduring Freedom experience PTSD at the rate of 29% at some point in their life and for veterans of the Persian Gulf War (Desert Storm), that rate is 21%.²
- c) **PTSD Treatment.** Studies show that certain talk therapies work best for those suffering from PTSD. Most of these therapies last about three months. During this time, therapists and patients develop coping mechanisms. The talk therapies that offer the most support:
 - i) **Cognitive Processing Therapy (CPT):** CPT teaches you how change the upsetting thoughts and feelings you have had since your trauma;
 - ii) **Eye Movement Desensitization and Reprocessing (EMDR):** EMDR helps you process the memory of your trauma while paying attention to a back-and-forth movement or sound (like a finger waving side to side, a light, or a tone);
 - iii) **Prolonged Exposure (PE):** PE teaches you to gradually approach trauma-related memories, feelings and situations that you have been avoiding since your trauma.³

¹ Mayo Clinic Diseases and Conditions PTSD <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>

² U.S. Department of Veterans Affairs National Center for PTSD <https://www.ptsd.va.gov/index.asp>

³ U.S. Department of Veterans Affairs National Center for PTSD https://www.ptsd.va.gov/understand_tx/talk_therapy.asp

- 3) **HBOT Treatment for PTSD.** As the need for effective solutions for veterans coping with PTSD and TBIs increases, HBOT is an emerging alternative for addressing the mental wounds left by military combat. Lawmakers in states like Iowa, Indiana, Kentucky, Missouri, North Dakota, New York, and Oregon are working on legislation to broaden HBOT programs, aiming to provide veterans with additional therapeutic options for conditions that traditional treatments often fall short of addressing.

In HBOT sessions, patients enter pressurized chambers and breathe pure oxygen, which directly enters the bloodstream. This process enhances the body's natural ability to heal and regenerate tissue, fosters brain recovery, and can significantly lessen the impact of both physical injuries and psychological distress.

One of the notable benefits of HBOT is its capacity to soothe the brain's fear response, thus alleviating anxiety linked to past traumas. The effects can be remarkable, offering much-needed relief to veterans who have battled persistent symptoms unresponsive to other therapies.

A study⁴ conducted in 2024 revealed that 68% of veterans with combat-related PTSD experienced substantial improvement after undergoing HBOT. The research involved veterans participating in 60 daily sessions over three months, each lasting 90 minutes. Remarkably, those who received HBOT exhibited significant advancements across all PTSD symptom areas, while the control group showed no changes. Furthermore, 25% of patients receiving HBOT achieved complete remission from their PTSD symptoms.

- 4) **SUPPORT.** The California Association of County Veterans Service Officers supports this bill recognizing PTSD as a common medical issue among post-9/11 veterans and a key consequence of the Iraq and Afghanistan conflicts. Although medication has been a primary method for managing PTSD, many veterans still suffer without sufficient relief. Emerging studies suggest that alternative therapies, like HBOT, might offer hope for those resistant to conventional treatments, although further research is needed. Importantly, PTSD affects not only veterans; the VA National Center for PTSD estimates that 6% of the overall U.S. population will experience PTSD, with 8% of women likely to develop it. Advancing research within the veteran community can yield evidence-based treatment options that benefit everyone with PTSD. This bill represents an opportunity not just for veterans, but for broadening medical knowledge with widespread implications.

The California Commission on the Status of Women and Girls has advocated for women's and girls' rights for nearly 60 years, addressing systemic inequities faced by over 19.6 million Californians. A 2019 U.S. Census Bureau report indicates that women are the fastest-growing segment of veterans, projected to represent 16% of all living veterans by 2043. Furthermore, a 2020 Wounded Warrior Project survey found that 80% of women veterans experience PTSD, often due to unaddressed sexual violence in the military. This legislation seeks to address these critical mental health issues by supporting research into non-narcotic treatments that could significantly improve the quality of life for women veterans.

⁴ Hyperbaric Oxygen Therapy for Veterans With Combat-Associated Posttraumatic Stress Disorder: A Randomized, Sham-Controlled Clinical Trial. <https://www.psychiatrist.com/jcp/hyperbaric-oxygen-therapy-controlled-trial-veterans-ptsd/>

- 5) RELATED LEGISLATION.** AB 2489 (Lowenthal) establishes the California Veterans' Right to Try Act and authorizes RAPC to submit an investigational new drug (IND) application to the U.S. Food and Drug Administration (FDA) requesting approval for a clinical trial of Schedule I or Schedule II controlled substances. Authorizes RAPC to, upon the failure of the FDA to timely approve an application, provide expedited approval of the research project, if the IND application meets certain requirements. Requires for participation in the clinical trial a veteran must have been diagnosed with two or more severe or life-threatening mental health conditions and must be ineligible for FDA-approved trials. AB 2489 is pending hearing in the Assembly Health Committee.
- 6) PREVIOUS LEGISLATION.**
- a)** AB 81 (Ta) would have required CalVet to establish a program, upon appropriation of the Legislature, to fund an academic study of mental health among women veterans in California, and to submit a report to the Legislature no later than July 31, 2029. AB 81 was vetoed by the Governor, his veto message stated in part, "...this bill would lead to significant fiscal costs outside of the budget."
 - b)** AB 1103 (Ward), Chapter 571, Statutes of 2025, authorizes, until January 1, 2028, the Research Advisory Panel (RAPC) to expedite review of projects that have sought or received certain federal approvals and have proof of independent peer review of the study. Authorizes the chairperson of RAPC to assign two or more panel members to conduct an expedited review of eligible research applications and approve them on behalf of the panel and authorizes individual panel members to communicate and consult asynchronously with other individual panel members with complementary core competencies outside of full panel meetings to conduct their individual reviews. Extends RAPC's existing exemption from the Bagley-Keene Open Meeting Act to January 1, 2028. Makes Legislative findings about the need to limit public access to the meetings of RAPC.
 - c)** SB 803 (Becker and Jones) of 2024 would have established the Heal our Heroes Act and the Psychedelic-Assisted Facilitation Pilot Program in the City and County of San Francisco, the County of San Diego, and the County of Santa Cruz to establish and operate psychedelic-assisted facilitation centers. SB 803 was not heard at the request of the author in the Assembly Health Committee.
 - d)** AB 718 (Ta) of 2023 was substantially similar to AB 81 and would have required CalVet to establish a program to fund, upon appropriation by the Legislature, an academic study of mental health among women veterans in California, and to submit a report to the Legislature no later than July 31, 2025. AB 718 was vetoed by the Governor, who in his veto message said, in part, "While I am supportive of the author's goal of advancing research on mental health among women veterans in the state, approving this measure would presume funding in next year's budget cycle, and the timeline established by this bill would not provide CalVet adequate time to provide a substantive report. I encourage the author to work to secure the necessary funding for this study within the annual budget process."
 - e)** AB 1692 (Voepel) of 2022 was substantially similar to AB 718 and was also vetoed by the Governor.

- f) AB 1935 (Voepel) of 2020 was substantially similar to AB 718 and AB 1692 and was held in Senate Appropriations under suspense.
- g) SB 751 (Becker and Jones) would have established a special fund in the State Treasury for Veterans and First Responders Research Pilot. Would have requested the University of California to establish local pilots in up to five counties to allow for the research and development of psilocybin services for target populations. SB 751 was held on the Senate Appropriations suspense file

REGISTERED SUPPORT / OPPOSITION:

Support

California Association of County Veterans Service Officers
California Commission on the Status of Women and Girls

Opposition

None on file.

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