

119TH CONGRESS
2D SESSION

H. R. 9547

To direct the Secretary of Defense to submit to Congress a report on emerging investigational treatment options for treatment-resistant post-traumatic stress disorder in veterans, members of the Armed Forces, and members transitioning to civilian life, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 30, 2026

Mr. HAMADEH of Arizona (for himself, Mr. BACON, Mr. CRENSHAW, and Mr. MOULTON) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To direct the Secretary of Defense to submit to Congress a report on emerging investigational treatment options for treatment-resistant post-traumatic stress disorder in veterans, members of the Armed Forces, and members transitioning to civilian life, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Veterans and
5 Servicemembers PTSD Emerging Treatment Review Act
6 of 2026”.

1 **SEC. 2. REPORT ON EMERGING TREATMENT OPTIONS FOR**
2 **TREATMENT-RESISTANT POST-TRAUMATIC**
3 **STRESS DISORDER.**

4 (a) FINDINGS.—Congress finds the following:

5 (1) Post-traumatic stress disorder often origi-
6 nates during military service and can have persistent
7 effects on force health, medical readiness, retention,
8 family stability, and successful transition from mili-
9 tary service to civilian life.

10 (2) Members of the reserve components and
11 National Guard may also serve in civilian first re-
12 sponder roles, resulting in cumulative trauma expo-
13 sure that may compound service-connected mental
14 health burdens.

15 (3) Existing therapies for post-traumatic stress
16 disorder are not effective for all patients, and treat-
17 ment-resistant cases may be associated with elevated
18 risks of chronic impairment, substance misuse,
19 suicidality, and reduced readiness.

20 (4) Rigorous, ethical clinical research conducted
21 in accordance with Federal law and force health pro-
22 tection standards is necessary to evaluate emerging
23 treatments for service-connected mental health con-
24 ditions where existing therapies have proven insuffi-
25 cient.

1 (5) The State of Arizona has enabled regulatory
2 and administrative support for clinical trials author-
3 ized by the Food and Drug Administration evalu-
4 ating naturally derived, whole-mushroom psilocybin
5 administered within a structured group-therapy set-
6 ting for the treatment of post-traumatic stress dis-
7 order in veterans and first responders.

8 (6) Private-sector innovators and public-private
9 partnerships play a central role in developing, sup-
10 plying, and evaluating federally lawful investiga-
11 tional products used in such clinical trials.

12 (7) Clinical data from the randomized con-
13 trolled Phase I Passage Trial and the Phase II For-
14 titude Trial sponsored by the State of Arizona may
15 provide relevant information regarding safety, dos-
16 ing, adverse events, feasibility, and operational con-
17 siderations for future research involving veterans,
18 servicemembers, and transitioning servicemembers.

19 (8) Careful review by the Department of De-
20 fense of safety, dosing, feasibility, and continuity-of-
21 care considerations associated with emerging inves-
22 tigational therapies is appropriate to inform future
23 force health protection policy, medical readiness
24 planning, suicide prevention efforts, and military-to-
25 civilian transition support.

1 (9) Any potential expanded access pathway or
2 pilot activity involving an investigational Schedule I
3 substance must be evaluated in accordance with ap-
4 plicable Federal law and regulations, including re-
5 quirements administered by the Food and Drug Ad-
6 ministration and the Drug Enforcement Administra-
7 tion, and applicable regulatory agencies should act
8 in a timely manner to issue or update regulations,
9 guidance, authorizations, and procedures necessary
10 to enable lawful research and access for eligible pa-
11 tients, consistent with the Federal Right to Try Act,
12 expanded access authorities, and the April 18, 2026,
13 Executive Order titled “Accelerating Medical Treat-
14 ments for Serious Mental Illness,” while maintaining
15 appropriate safety, security, and diversion-control
16 safeguards.

17 (10) Congress has a responsibility to ensure
18 that the Department of Defense assesses whether
19 emerging clinical research may offer future benefit
20 for active-duty servicemembers, reserve component
21 members, veterans, and transitioning
22 servicemembers with treatment-resistant post-trau-
23 matic stress disorder.

24 (b) REPORT.—Not later than 180 days after the date
25 of the enactment of this Act, the Assistant Secretary of

1 Defense for Health Affairs shall submit to the congres-
2 sional defense committees a report on the operational rel-
3 evance, safety, dosing, and feasibility of data from the cov-
4 ered clinical trial as such data would apply to members
5 of the Armed Forces, including such members
6 transitioning to civilian life.

7 (c) ELEMENTS.—The report under subsection (b)
8 shall include the following:

9 (1) A summary of the safety, dosing, and ad-
10 verse event data from the covered clinical trial that
11 has been reviewed by any relevant department or
12 agency of the Federal Government, or that is other-
13 wise available to the Department of Defense, and an
14 analysis by the Department of Defense of the appli-
15 cability of such data to members of the Armed
16 Forces.

17 (2) An assessment of the implications of such
18 data for force health protection, medical readiness,
19 and suicide prevention strategies, including identi-
20 fication of any gaps in existing treatment options for
21 members of the Armed Forces with treatment-resist-
22 ant post-traumatic stress disorder.

23 (3) A description of the legal and regulatory re-
24 quirements for any potential expanded access path-
25 way involving an investigational Schedule I sub-

1 stance, including coordination requirements with the
2 Food and Drug Administration and the Drug En-
3 forcement Administration.

4 (4) An assessment of the applicability of the
5 Federal right to try the pathway under section 561B
6 of the Federal Food, Drug, and Cosmetic Act (21
7 U.S.C. 360bbb–0a) and under Executive Order No.
8 14401 (91 Fed. Reg. 21709; relating to accelerating
9 medical treatments for serious mental illness) the for
10 treatment-resistant post-traumatic stress disorder
11 and associated comorbidities, including elevated sui-
12 cide risk during post-deployment and transition peri-
13 ods.

14 (5) An assessment of considerations necessary
15 to ensure continuity of care for members of the
16 Armed Forces transitioning from receiving health
17 care at military medical treatment facilities to re-
18 ceiving health care furnished by the Veterans Health
19 Administration, including—

20 (A) eligibility criteria;

21 (B) clinical treatment oversight;

22 (C) informed consent procedures;

23 (D) safety monitoring; and

24 (E) adverse event reporting.

1 (6) An assessment of the financial resources,
2 workforce, and infrastructure requirements, and a
3 proposed timeline, for any potential pilot activities or
4 expanded clinical research beginning in fiscal year
5 2027, and for any broader implementation occurring
6 thereafter, as appropriate.

7 (d) COORDINATION AND CONSULTATION.—The As-
8 sistant Secretary of Defense for Health Affairs shall de-
9 velop the report under subsection (b) in coordination with
10 the Director of the Defense Health Agency and in con-
11 sultation with the Secretary of Veterans Affairs, the Sec-
12 retary of Health and Human Services, the Commissioner
13 of Food and Drugs, and the heads of other departments
14 and agencies of the Federal Government the Assistant
15 Secretary determines appropriate.

16 (e) FORM.—The report required under subsection (b)
17 shall be submitted in unclassified form, but may include
18 a classified annex if necessary.

19 (f) DEFINITIONS.—In this section:

20 (1) The term “congressional defense commit-
21 tees” has the meaning given that term in section
22 101(a)(16) of title 10, United States Code.

23 (2) The term “covered clinical trial” means the
24 clinical trial conducted in 2026 titled “An Open-
25 Label, Phase 1 Study of the Safety Pharmacokinetic

- 1 Profile, and Preliminary Efficacy, of Organic Whole
- 2 Psilocybin-Containing Mushrooms in Patients Suf-
- 3 fering From PTSD”.

