2026 HBOT4KYVETS, Inc., ANNUAL REPORT

TO THE STATE OF KENTUCKY

Veterans Hyperbaric Oxygen Therapy (HBOT) Treatment Program

HBOT4KYVETS.COM

Kentucky Department of Veterans Affairs
Serving Kentucky's Veterans
KDVA

Hyperbaric Oxygenation works to heal
Concussion/TBI/PTSD/PCS
TreatNOW
HEAL BRAINS • STOP SUICIDES • RESTORE LIVES

THE REPORT IS PROVIDED TO THE KENTUCKY GOVERNOR, KDVA COMMISSIONER, GOVERNORS ADVISORY BOARD (GAB), COMMITTEE ON VETERANS, MILITARY AFFAIRS, AND PUBLIC PROTECTION (VMAPP), KENTUCKY U.S. MILITARY RESERVE AND NATIONAL GUARD COMPONENTS

HBOT4KYVETS, Inc Annual Report is distributed in accordance with KDVA Memorandum of Agreement (MOA) dated June 2, 2026, under Progress Reporting

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Letter to the Kentucky Leadership

As President of HBOT4KYVETS, Inc, a registered 501 (C)(3) nonprofit (EIN # 83-0608537), this is our second annual report on the Kentucky Veteran Hyperbaric Oxygen Therapy (HBOT) Program. The past year, our mission to provide life-saving treatment to Veterans suffering from TBI, PTSD, and other war related injuries has delivered transformational, life changing, and consistent results, as reflected in the attached report.

HBOT4KYVETS, Inc., has provided HBOT treatments to TBI/PTSD Veterans with either private donations, and or our own initial $30K self-funding since 2020 or state funding since 2024 for Veterans under KRS 217.930-942 and 26 RS HB 369/GA (See Appendix B). This program has provided Veterans renewed hope and purpose in life. We have identified thousands of Veterans across the country in desperate need of this therapy, and many Veterans are struggling since Vietnam and subsequent conflicts in Iraq, Afghanistan and other parts of the world. These efforts reveal a growing demand for accessible, effective care for TBI/PTSD and related injuries. Despite our success, the number of Veteran on debilitating drugs and or alcohol, homeless, unemployed, non-employable, depressed and dealing with suicide ideation continues to sustain at 20+ suicides per day across the country and here in the Commonwealth. There is still an alarming estimated 110 Veteran suicides annually in Kentucky. Additionally, hundreds more try but fail in ending their lives. There have been over 163,000 Veteran suicides total across the US since 2001. Even with the VA expending over $3.3 billion in suicide prevention, it has had little to no impact in the historic suicide trend rate. (see chart Page 40).

The Kentucky Department of Veterans Affairs (KDVA) extended and executed our Memorandum of Agreement (MOA) on June 2, 2026. The KDAV provide monthly financial accounting, state funding distribution, and collect monthly Advocacy and Outreach and Education Reporting Metrics and Measurements. Under the leadership of Commissioner Whitney Allen and Deputy Commissioner Juan Renaud, the staff have consistently demonstrated their timely support and efforts for this treatment program. This is testimony to the long-standing KDVA role of supporting the men and woman who have served in uniform for our Commonwealth.

Program results clearly demonstrate significant improvement in treated Veterans, including reduced TBI/PTSD symptoms, better TBI cognitive function, and decrease or elimination of suicidal ideation as shared in their personal testimonials. Testimonials from Veterans and families underscore HBOT's life changing impact across the country which may be viewed here: **https://www.youtube.com/@treatnowdotorg/videos.** Specific Kentucky treated Veteran testimonials may be viewed in the Veteran testimonial section of the report.

We continue pursuing federal funding through the VA and US Congress, but this has proven to be a bureaucratic challenge. Change will not come if we wait for some other person, or if we wait for some other time. We must be the ones as our forefathers before us. We are the change that we seek. Over 1,200 hospitals across the country who provide HBOT for FDA, CMS, and Tricare approved uses like non-healing wounds, which reduce Diabetic Foot Ulcers (DFU) by 74%. The national VA continues to avoid fully adopting of this approved lifesaving treatment. Over 796,340 DFU Veterans have died in the VA system from DFUs and Lower Limb Amputations (LLA) from 2001 to 2022 according to July 2022 50-page report delivered to the US Congress. Given this resistance, it is highly unlikely the VA will address HBOT for TBI/PTSD without an act of Congress or an Executive Order mandating it as a standard of care. The 14 states enacting HBOT legislation with state legislative bodies voting

1,955 to 5 to approve HBOT across the country can help by engaging with the US Congressional delegation and request federal assistance for our Veterans. (See Appendix D)

There is a zero cost to the Lexington and Louisville VA hospitals of having TBI/PTSD Veterans volunteer for HBOT treatment under our Program. Numerous multiple efforts over the past 18 months were initiated to partner at any level with the national VA including referring Veterans for treatment. We were informed by the VA Lexington leadership that regardless of if all 50 states enact HBOT laws, they will not participate in any capacity with HBOT treatments unless mandated under federal law.

There is a compelling 30 peer-reviewed and published medical studies and trials (see Appendix E) demonstrating HBOT safety and efficacy since 2007. Fourteen states have enacted HBOT legislation, seven funding over $32 million in treatments, (see Appendix D) while HBOT is a standard of care for the Israeli Defense Force (IDF). The 1990 Textbook of Military Medicine recommends HBOT for blast wave TBIs for the past 36-years. The federal failure highlights the urgent need for state leadership, as Kentucky and 13 other states have demonstrated by setting a national example in addressing these unmet Veteran medical treatment needs.

To meet the rising demand, HBOT4KYVETS, Inc. have proactively contracted to expand the hospital capability of delivering HBOT to Kentucky Veterans under KRS 217.930-942 and HB 369 in five key Veteran markets of Louisville, Lexington/Winchester, St Thomas, Elizabethtown (Ft Knox), and Hopkinsville (Ft Campbell) to meet the rising demand. These courageous community hospitals have embraced the state treatment statue for helping Veterans and the reward can be seen in the employees who have nurtured wounded Veterans health.

Congressman Gregory Murphy, MD (R-NC) said in an interview, if it is offered to the Israel military personnel why is our VA not offering it, "I believe it is medical malpractice not to offer HBOT for TBI/PTSD/Concussion to our Veterans."

Our treatment network of community hospitals across the Commonwealth coupled with the state support is highly effective. In 2026 we re-engaged with the Kentucky legislature and the Joint Executive Council of Veterans Organizations (JECVO) and successfully enacted HB 369. The bill expands HBOT treatments for PTSD injured Veterans under the state approved and funded program effective July 13, 2026. Simultaneously, the state legislature approved HB 500 which extends the 2024 $1.5 million approved funding to June 30, 2028. The legislative effort is to bring awareness of the seven of fourteen states who have funded treatments and their high success with HBOT treatments of TBI/PTSD Veterans in Kentucky and across the country.

This program honors our TBI/PTSD Veterans by providing the care they earned and deserve. The KDVA, Kentucky hospitals and test facility community partnerships are making a difference in the lives of Veterans and their families across the Commonwealth. ***Eliminating Veteran suicides is a priority and paid HBOT treatment is helping to migrate towards that goal.*** Thank you for your steadfast support and consideration.

Sincerely,

Eric W. Koleda
President and Co-Founder
HBOT4KYVETS, Inc.

Executive Summary

Since 2020, HBOT4KYVETS, Inc. has been delivering Hyperbaric Oxygen Therapy (HBOT) to Kentucky Veterans diagnosed with Traumatic Brain Injury (TBI), often accompanied by PTSD, depression, anxiety, and suicidal ideation. In 2024, Kentucky allocated $1.5 million over two years to support this lifesaving treatment program under HB 64/KRS 217.930-942. Under 2026 HB 500, the funding is extended to June 2028. HBOT has yielded transformational results for Veterans previously underserved by traditional medical systems.

From July 1, 2024, to June 2026, 92 Veterans applied to the program, 48 submitted documents, and 22 (23.9%) have completed HBOT since July 2024 and 27 (29.3%) since program inception in 2020 who applied. Currently five are undergoing treatments. All treated Veterans reported significant improvement in cognitive symptoms. Evaluations included voluntary ANAM and Right Eye assessments. Approximately 20 of 27 (74%) of treated Veterans since 2020 have returned to school or the workforce P/T or F/T, or shared they are back to normal. The average cost per Veteran for testing, treatment and medical doctors was $24,646. As of June 30, 2026, $958,211 remains of the initial $1.5 million state funds from July 1, 2024. Existing funding has been extended through HB 500 in 2026 to June 2028. The original budgeting projection was 50 TBI Veterans to be treated per year or approximately 4 per month which would have equated to the $750,000 per year funding. We have treated an average of 1.0 Veterans per month. Our treatment partners acquisition and marketing to the public fell short our expectations. We are focused on increasing the number of Veterans to be treated and engaged in implementing a major marketing campaign in the state of Kentucky to increase HBOT funded visibility across the Commonwealth. We have partnered with an international US Fortune 500 company non-profit arm and a for profit local marketing team and will be deploying a statewide HBOT marketing effort in 2026/2027 to increase the Veteran community awareness and participation starting in 2026 both in Kentucky and across America.

The results speak for itself, indicating HBOT significantly reduces symptoms of TBI/PTSD, enhances cognitive performance, and decreases or eliminates suicidal ideation. The 27 TBI/PTSD Veterans completing the treatment program since 2020 have overall seen life-changing significant improvements in their cognitive related symptoms (see Veteran testimonials section). Treated Veterans consistently showed improved reaction time, memory, emotional stability, and visual tracking. Testimonials underscore life-changing impacts, from reduced PTSD symptoms to improved quality of life. Nationally, HBOT is supported by over 30 peer-reviewed studies, and 14 states have enacted legislation to promote HBOT, provide and or fund treatments. There were over 900+ successful patient/veteran participants in the published studies and trials.

A total of 165 TBIs were indicated with the 92 applications since 2020 or an average of 1.7 TBIs per veteran. A total of 67.4% of applicants were ether Army or Marines based on their "*boots on the ground*" mission and exposure to blast force wave TBIs. Average TBI Veteran age was 48 with 11.1 years of military service. There was a total of 1,023+ service years for the 92 applications. Of the 92 applicants, 48 of 92 (52%) submitted documents for acceptance into the treatment program and 27 of 92 (29%) have completed treatments since 2020.

Despite VA non-participation, HBOT4KYVETS, Inc. has built a statewide treatment network of hospital partners in Louisville, Lexington/Winchester, Elizabethtown (Ft Knox), Hopkinsville (Ft Campbell), and St Thomas with plans to expand in 2026/2027. At least two of these hospitals are in the VA Community Care Network (CCN). With continued support, this program can serve more Kentucky Veterans. Our goal to reduce the state's 110 annual Veteran suicides and provide a national model for treating the invisible wounds of war in a national and statewide HBOT hospital network of HBOT treatment facilities. Over 1,200+ hospitals nationwide provide HBOT services to their communities.

We have two TBI/PTSD HBOT treated alumni Veterans who have volunteered to develop a state/national ***"Ambassador Program***" in which HBOT alumni Veterans can participate to help recruit and identify invisible wounded Veterans who may require and benefit from HBOT treatments. Our plan is an August kickoff with the program. We are working closely with several high-level Pentagon civilian leaders and Veteran Special Operators to introduce a HBOT program which will benefit active-duty components. We anticipate late 2026 to early 2027 of migrating this initiative forward with the Department of War.

HBOT is a safe, effective, and cost-efficient solution to the growing crisis of untreated TBI/PTSD among Veterans. With sustained state funding, advocacy, and expansion, Kentucky can continue to lead in delivering the care Veterans have earned and deserve. This consistency underscores HBOT's reliability as a treatment option, offering meaningful mental health and quality-of-life benefits for veterans and service members. Additionally, HBOT serves as a valuable suicide prevention strategy and a critical tool for enhancing military force retention both for active duty, National Guard and Reserve components

Program History

In 2015 we began the legislative process of migrating HBOT treatment forward as a protocol for Kentucky Veterans based on my late brother-in-law Colonel Ronald D. Ray. Colonel Ray was an invisible wounded Vietnam Marine highly decorated combat Veteran who was diagnosed with TBI/PTSD. His un-diagnosed and mis-diagnosed TBIs were not properly identified until early 2015. Colonel Ray's bio highlights include 30-years of Marine Corp military service for which he was awarded two Silver Stars for gallantry, a Bronze Star with Combat "V" for Valor, the Purple Heart, the Vietnamese Cross of Gallantry and the Vietnamese Honor Medal.

In 2018, we were successful in enacting "The Colonel Ronald D. Ray Traumatic Brain Injury and Treatment Act" under HB 64, (KRS 217.930-942), opening the HBOT chambers to Veterans suffering from TBI in the Commonwealth. On July 6, 2020, Colonel Ray succumbed to his Vietnam invisible combat wounds. His legacy survives in our treatment program helping heal and restore fellow combat veterans and ensuring their long-term health is not impacted from their un-diagnosed and mis-diagnosed invisible brain wounds.

In 2022 we were successful in enacting House Concurrent Resolution (HCR) 40 with the support of the Joint Executive Council of Veterans Organizations (JECVO) urging the US Congress to provide HBOT funding for TBI/PTSD Veterans. In 2024, the Kentucky Legislature body passed HB 1 funding HBOT4KYVETs, Inc with $1.5 million over the two-year budget cycle through June 30, 2026. The existing 2024 funding has been extended through June 30, 2028, under 2026 HB 500.

This funding is for pre and post testing and actual HBOT treatments in locations around the state. HBOT4KYVETS, Inc has developed a network of community-based hospital HBOT Wound Care Center treatment facilities. There are potentially two additional hospitals in 2026/2027. In the fourteen states which have enacted HBOT legislation, Kentucky is currently the sole state administering HBOT to Veterans through a community-based hospital network. It demonstrates to the country and the VA CCN that state community based medical support is feasible with the existing HBOT infrastructure of over 1,200 hospitals across the country providing HBOT services for the 14 FDA, CMS and Tricare approved HBOT treatment indications (See Appendix C).

Demographics of TBI/PTSD Veteran Applicants Seeking HBOT Treatments

Veterans seeking to attain Kentucky state approved and funded testing and HBOT treatments are required to meet the following minimum criteria to include but not limited to the following:

- Be a veteran who has served in one of the six-armed services
- Be a Veteran resident of the state of Kentucky
- Provide a written diagnosis of TBI/PTSD in accordance with KRS 217.934 (See Appendix B) and HB 369.

A total of 92 Veterans submitted electronic applications via HBOT4KYVETS.com website online process during the 2024-2026 reporting period. The demographic data contained herein is captured from the electronic application process each Veteran submits and will be used to further enhance our treatment program.

Note: Not all 92 applicants pursued HBOT treatments or entered the treatment program.

Review of TBI/PTSD Veteran Submitted Applications for HBOT Treatments

Service Branch	Number of Veterans	Percentage of Total	Comments
Army	48	52.2%	Includes Reserves and National Guard
Marines	14	15.2%	Includes Reserves
Navy	9	9.8%	2 SEALS and Navy Reserves included
USAF	15	16.4%	Includes Active-Duty Combat Controllers and Pararescue
National Guard/Reserves	6	6.4%	Multi-Service
Total	**92**	**100.0%**	

The breakdown of the Veteran service branches submitting HBOT applications include the following in the chart above:

- 82 male and 10 females submitted electronic applications
- 2025/2026 is the first time we have treated active-duty USAF Special Operators
- 67.4% of applicants were ether Army or Marines based on their "*boots on the ground*" mission and exposure to blast force wave TBIs

- 12 did not have a written TBI diagnosis who were diagnosed with PTSD only but had all the symptoms of TBIs. Under KRS 217.934 these Veterans did not qualify for the treatment program. Note: HB 369 was signed into law by the Kentucky Governor on April 13, 2026, and HBOT treatment for PTSD Veterans becomes effective on July 13, 2026.
- 8 applicants (8.7%) resided in Indiana, Missouri, California, Minnesota or Ohio and were referred to the other HBOT state programs where feasible.
- A total of 165 TBIs were indicated with the 92 applications or an average of 1.7 TBIs per veteran
- The highest number of TBIs indicated with two Veterans were 7 and 10 each respectively. One spouse indicated their Veteran had over 18 concussions over his lifetime. Numerous Veterans experienced TBIs over and above the diagnosed 1-2 TBIs but did not report those during service or did not realize until later they experienced numerous TBIs. Note: Majority of TBI/PTSD Veterans have issues with being in an MRI machine for 30-45 minutes due to the noise and or claustrophobia issues associated with TBI/PTSD symptoms as shared with HBOT4KYVETS, Inc.
- 18 Veterans served under Special Operations Command or 31%
- 55 of 92 served during Operations Iraqi Freedom (OIF) and 54 during Operation Enduring Freedom (OEF), with numerous Veterans overlapping and serving in multiple deployments in both theaters and operations. Many had multiple deployments of 2-6 times.

We assessed Veterans who submitted applications by Kentucky county to Veterans who received HBOT treatments. The chart below reflects on the electronic submitted applications versus actual Veterans treated.

Kentucky County	Submitted Veteran Applications	Veterans Actually Treated
Bullet	6	1
Carlisle	1	1
Christian	8	1
Clark	1	1
Fayette	3	2
Hardin	11	4
Harrison	2	0
Hopkins	2	1
Jefferson	23	6
Larue	1	0
Lee	1	0
Logan	1	0
Madison	3	3
Marshall	1	0
Meade	3	1
Mercer	3	1
Nelson	3	1
Oldham	1	1
Pulaski	2	0
Shelby	2	0
Simpson	1	1
Spencer	3	1
Trigg	1	0
Trimble	1	1
Warren	1	0
Total	**85**	**27**

Note: There were eight applications from Indiana, Missouri, California, Minnesota and Ohio not included in this count of Veterans submitting applications by Kentucky county.

TBI Veterans seeking HBOT treatments identified our state approved and funded program through the following outlets as shown in the chart below from 2024 to 2026:

How TBI/PTSD Veterans Were Informed About the Treatment Program

Outlet	# of Veterans	Percentage of Total
News Media	20	21.7%
Other	31	33.7%
Fellow Veteran	29	31.5%
Social media	12	13.1%
Total	**92**	**100.0%**

The chart below reflects how most of the TBIs occurred based on Veteran submittals.

- Over 70,000 IEDs exploded over the 21 years in the Iraq and Afghanistan conflicts.
- Most Veterans indicate they only have one TBI. However, in interviews, they discuss their military backgrounds and how many times they were exposed to IEDs, breaching, PRGs, heavy weapon firing, etc. The personal history of the exposure of repeated blasts during repeated deployments would suggest there may be multiple TBIs incurred by Veterans as shared by the individual Veterans.
- 8 of 92 Veterans indicated they have received HBOT previously or 8.7% but only 3 showed actual treatment hours in the HBOT chambers
- 53 Veterans are taking some level of prescription medications at time of application or 57.6%
  Note: HBOT clinical study results indicated Veterans reduce their prescription medications by some 50-90%.

Type of Blast or Heated Overpressure Air Exposure

Type TBI Induced	Number of TBI Veterans	Percent of Veterans
IED induced, blast induced, or Loss of Consciousness (LOC)	55	59.8%
RPG, Heavy Weapon, Fall Thrown or Blown	26	28.3%
Residual Symptoms	11	11.9%
Total	**92**	**100.0%**

- 24 of 92 indicated they had some level of previous cognitive testing completed including ANAM or 26%. We are attempting to attain TBI Veteran previous ANAM testing but it must be requested through their

local VA MD Primary Care Physicians. Requests are normally fulfilled within 24 hours where records are retained in San Antonio if requests are received. Veterans have been unsuccessful in getting the VA to submit record requests or the Veterans receiving their prior ANAM testing results.

- For all 92 TBI applicants a total of 1,023.5 years of military service or an average of 11.1 years per Veteran. Longest serving was 35 years and shortest was 2 years.
- Average age for all applicants was 48 years. Four were Vietnam era Veterans with average age of 78.

Program Testing and Treatment Results

History of HBOT Medical and Treatment Results

HBOT4KYVETS, Inc provides HBOT pre- and post-testing and treatments through a statewide network of approved medical service providers and in accordance with KRS 217.930-942 since 2018. There have been 30 clinical studies and trials completed since 2007 across the entire US and each study and trial may be viewed here.

An outcome of these 30 multifaceted trials and studies is two HBOT peer reviewed and published meta-analysis articles in the Frontiers of Neurology, one of the country's leading medical journals. **The Systematic Review and Dosage Analysis: Hyperbaric Oxygen Therapy Efficacy in Mild Traumatic Brain Injury Persistent Post Concussion Syndrome** by Dr. Paul G. Harch, MD, March 16, 2022, may be viewed here. This is a summary review of 11 of the 30 trials and studies demonstrating the safety and efficacy of HBOT treatments for mild TBIs.

The Systematic Review and Dosage Analysis: Hyperbaric Oxygen Therapy Efficacy in the Treatment of Post Traumatic Stress Disorder by Dr. Paul G. Harch, MD, May 30, 2024, may be viewed here. This is a summary review of 8 of the 30 trials and studies demonstrating the safety and efficacy of HBOT treatments for PTSD.

In the 1990 Textbook of Military Medicine, under The Management of Primary Blast Injury, Figure 9-10, Page 313, states "For evidence of Arterial Air Embolism and evidence of exposure to **BLAST EXPOSURE**, **Definitive Therapy in Hyperbaric Chamber"** is recommended. Now 36 years in the DoD medical textbook recommending treating concussions/TBIs with HBOT.

HBOT4KYVETS, Inc Program and Protocol

Veterans interested in receiving HBOT voluntary testing and treatment through HBOT4KYVETS, Inc program must begin by completing an electronic application on our website at HBOT4KYVETS.com. Simple click on "SIGN UP FOR TREATMENTS" in the big red block on the first page in the lower left corner. This begins the initial process.

Eligibility Requirements:

- Veterans are required to submit documents to validate their military service to include one of the following documents
  A. For Veterans a copy of your DD 214, DD 256, NGB 22 or if active duty, copy of their military ID
- Copy of Kentucky driver's license to reflect you are a resident of the state of Kentucky

- Once documents are validated, a HBOT4KYVETS, inc. Treatment Agreement and the Health Insurance Portability and Accountability (HIPPA) Form is required to be read, signed and returned. Outlines our program and provides us access to voluntary treatment and testing results de-identified.
- Copy of the Veterans written medical diagnosis of TBI/PTSD in accordance with KRS 217.934 (1) and HB 369 (See Appendix B). The medical physicians at each specific location will validate the written TBI/PTSD diagnosis.

Applicant and Approval Process:

- Pre-HBOT voluntary testing is scheduled and conducted (ANAM, Right Eye, and a bank of computer-based tests).
- Pre Drug and Alcohol Testing is scheduled and completed (usually a week before treatments are to commence at hospital or clinic treatment locations. This standard required as a safety protocol for entering the HBOT chamber based on history of TBI/PTSD Veterans self-medicating.
- Veteran is scheduled for an interview with HBOT treatment facility Medical Doctor to determine eligibility after review of individual medical history; they are then cleared to start HBOT treatments. A prescription for HBOT is provided.
- Veteran is scheduled into HBOT treatments daily M-F, five days per week for one hour.

Treatment Protocol

Hyperbaric Oxygen Therapy (HBOT) is conducted in a pressurized FDA approved hyperbaric oxygen mono- or multiplex chambers of varying manufactures under strict medical supervision. The protocol is designed to maximize safety and effectiveness for patients undergoing treatment. Key elements include:

- Duration of Each Session: Each daily session Monday-Friday, is 60 minutes duration at 1.5 atmospheres absolute (ATA) pressure, plus 8-15 minutes for ascent and descent in chamber
- Medical Grade Oxygen-Patients receive 100% medical grade oxygen
- Supervision and Monitoring- a trained, certified and qualified HBOT chamber technician are present throughout treatment sessions. A licensed medical doctor is available to monitor patients' health
- Vital Signs Monitoring: Patients vital signs may be checked and monitored with each treatment

This comprehensive HBOT treatment protocol is at one of the lowest treatment pressures of all FDA, CMS, or Tricare approved indications. Treatments administered in hospital or clinic Wound Care Centers providing safe, consistent, and effective therapy tailored to the Veterans specific needs. Stand-alone facilities in Kentucky should meet the same current standards the hospital Wound Care Centers meet who are part of the HBOT4KYVETs, Inc, treatment program.

HBOT4KYVETS, Inc Program Testing Introduction

Since 2020, HBOT4KYVETS, Inc., has been providing Hyperbaric Oxygen Therapy (HBOT) as an adjudicated therapeutic intervention for military personnel experiencing Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD). Recognized for its ability to enhance oxygen delivery to the human body, reduce

inflammation, and support brain repair (30 clinical trials demonstrated), HBOT offers a proven approach to addressing the complex health challenges faced by the post service military population.

This report presents an analysis of general data collected through standardized test batteries, providing critical insights into the impact of HBOT on symptoms and quality of life for these service members. By evaluating outcomes over multiple years-spanning since 2007 in past clinical studies, the report contributes to the growing body supporting HBOT as a safe treatment for military related TBI/PTSD invisible wounded brains.

Prior published clinical and study findings consistently demonstrate that HBOT is a highly effective intervention for military personnel experiencing TBI, PTSD, Post Concussion Syndrome (PCS), depression, anxiety, and suicidal ideation. Each cohort in the published studies have shown significant improvements in key metrics, particularly in PCS and anxiety. This consistency underscores HBOT's reliability as a treatment option, offering meaningful physiological, mental health, and quality-of-life benefits for Veterans and service members as demonstrated in the 30 clinical trials/study settings. Additionally, HBOT serves as an invaluable suicide prevention strategy and a critical tool for enhancing military force retention by greatly reducing or eliminating suicide ideation in treatment subjects (see 30 clinical trial and study results).

Test Battery Descriptions

These voluntary tests are administered to determine the effects of HBOT and quality of life among military personnel with mild TBI (mTBI) and PTSD. These tests measure the number and severity of the Veterans symptoms prior to beginning HBOT treatments and after 40 or more HBOT treatments. Tests include the FDA cleared and DoD approved Automated Neuropsychological Assessment Metrics (ANAM), FDA cleared Right Eye, 3 Question DVBIC TBI Screening Tool, Combat Exposure Scale, Michigan Alcoholism Screening Test (MAST), and The Drug Abuse Screening Test (DAST).

1. **FDA Cleared and DoD Approved ANAM-**Automated Neuropsychological Assessment Metrics-is an FDA cleared, and DoD approved computer-based neurocognitive assessment tool patented by Vista LiveScience's, Inc., from Colorado for the US Army. ANAM is used by the DoD to establish the brain baseline capability of the military personnel prior to deployment into combat arenas. ANAM has a three-decade lone history of use in the basic applied research as well as clinical practice. Over 350 peer-reviewed publications demonstrate its effectiveness in assessing cognition and measuring cognitive change. ANAM is used to measure the cognitive effects of stressful, extreme, or hazardous conditions; to quantify the effects and progress of neurological and other medical disorders; and to measure the effect of mild traumatic brain injury and sports concussion on cognitive function. In this application a Core Battery set was used, comprised of 7 neurocognitive performance-based tests, as well as subtests reflecting mood scores. ANAM is used in assess the likelihood that a change in symptom reporting is reliable and clinically meaningful compared to military personnel sample as well as their own pre-treatment baseline. ANAM de-identified data is reviewed by qualified Neuropsychological services.
2. **FDA Cleared Right Eye**-Unlike traditional eye tracking tests that focus only on basic movement or alignment, Right Eye looks at the subtleties of eye motion, offering a comprehensive view of your visual system's performance. After a concussion or brain injury, patients often experience visual disturbances and difficulties with eye movement control. Right Eye's technology can detect subtle changes in eye

movement patterns, aiding in diagnosing and monitoring recovery. Thirty years of scientific research proves that eye movement behavior abnormalities are associated with at least 30 neurological disorders, including TBI. Saccades appear to be a reliable measure of brain dysfunction following Traumatic Brain Injury (TBI). Chronic low-level blast exposure has been linked with neurological alternation and TBI biomarkers. Impaired smooth-pursuit eye movements (SPEM) are often associated with TBI as reported in their May 2022 study. Data is reviewed by qualified Ophthalmologist.

3. **Combat Exposure Scale (CES)**-is a 7-item self-report measure that assesses wartime stressors experienced by combatants. Respondents are asked to reply based on their exposure to various combat situations, such as firing rounds at the enemy and being on dangerous duty. The CES was developed to be easily administered and scored. The total CES score (ranging from 0 - 41) is calculated by using a sum of weighted scores, which can be classified into one of five categories of combat exposure ranging from "light" to "heavy." Scoring instructions are included with the measure.
4. **DVBIC TBI Screening Tool**-the purpose of this screen is to identify service members who may need further evaluation for mild traumatic brain injury (mTBI). Screen should be used with service members who were injured during combat operations, training missions or other activities. A service member who endorses an injury [Question 1], as well as an alteration of consciousness [Question 2 A-E], should be further evaluated via clinical interview because he/she is more highly suspect for having sustained an MTBI or concussion. The mTBI screen alone does not provide diagnosis of mTBI. A clinical interview is required with medical staff. All Veterans are required to have a written TBI diagnosis to enter the program.
5. **Drug Abuse Screening Test (DAST)**-is a 10-item brief screening tool that can be administered by a clinician or self-administered. Each question requires a yes or no response, and the tool can be completed in less than 8 minutes. This tool assesses drug use, not including alcohol or tobacco use, in the past 12-months.
6. **Michigan Alcoholism Screening Test (MAST)-** The MAST screening tool is a 25-question test that is used to help identify an alcohol dependency. Questions included in MAST may be related to: risks associated with drinking patterns, neglect of responsibilities, loss of control, and other topics. As mentioned earlier, this test alone should not be used to self-diagnose a problem.

ANAM Data Results

ANAM DATA ANALYSIS

The data discussed in this analysis was gathered between 2024 to 2026. The data was gathered in 2024 and the first part of 2025 (n=4). Additional datasets were gathered in the latter part of 2025 and 2026 (n=15), bringing the total to 19 data sets. Prior to treatment with Hyperbaric Oxygen Therapy (HBOT) each subject was tested; and then tested again following the completion of HBOT therapy Subjects were tested with the Automated Neuropsychological Assessment Metrics (ANAM). The numbers are expected to increase as we become more effective marketing the state approved and funded HBOT treatment program.

TEST RESULTS BACKGROUND

A review of literature finds that a decrease in emotional distress is associated with a reduction in suicidality in military traumatic brain injured (TBI) veterans. Harch et al. (2017) used a group of 30 veterans with a history of TBI. Subjects were given a detailed evaluation including neurocognitive testing, questionnaires and SPECT imaging. Follow up testing at the conclusion of treatment with HBOT showed an improvement in cognitive performance as well as a decrease in emotional distress. Individuals also reported having less suicidality; 83% of subjects with suicidal ideation and 75% of subjects with panic attacks experienced a reduction or cessation in suicidal ideation or panic attacks after treatment.

The Shytle et al. (2019) article is a series of three case studies with use of HBOT. In these three studies there was commonality in the findings. First, there were significant cognitive deficits as well as emotional distress present at the pretreatment assessment. Following treatment, the post treatment assessment showed a unanimous improvement in cognition as well as a decrease in emotional distress. This was particularly noted in case number two, which had initially reported moderate levels of suicidality and had a complete remission of suicidality following HBOT treatment.

In the Stanley et al. (2017) study, a total of 149 military service members were referred for evaluation/treatment of a suspected head injury. Self-report measures included the Suicidal Behaviors Questionnaire-Revised (SBQ-R), Automated Neuropsychological Assessment Metrics (ANAM), anger and depression subscales, and Behavioral Health Measure-20 depression subscale. Findings indicated suicidality was associated with anger and depression and that the reduction in emotional distress showed a reduction in suicidality.

References:

Harch PG, Andrews SR, Fogarty EF, Lucarini J, Van Meter KW. Case control study: hyperbaric oxygen treatment of mild traumatic brain injury persistent post-concussion syndrome and post-traumatic stress disorder. Med Gas Res. 2017 Oct 17;7(3):156-174. doi: 10.4103/2045-9912.215745. PMID: 29152209; PMCID: PMC5674654.

Stanley I.H, Joiner T.E, Bryan C.J. (2017). Mild traumatic brain injury and suicide risk among a clinical sample of deployed military personnel: Evidence for a serial mediation model of anger and depression. J Psychiatr Res. 84:161-168. doi: 10.1016/j.jpsychires.2016.10.004. Epub 2016 Oct 7. PMID: 27743528.

Shytle RD, Eve DJ, Kim S-H, Spiegel A, Sanberg PR, Borlongan CV. Retrospective Case Series of Traumatic Brain Injury and Post-Traumatic Stress Disorder Treated with Hyperbaric Oxygen Therapy. Cell Transplantation. 2019;28(7):885-892. doi:10.1177/0963689719853232

ANAM Veteran Testing Low Participation Number

ANAM development is guided by public and private sector research. Early research versions of ANAM were developed in the U.S. Department of Defense. This work was patented by the U.S. Army and exclusively licensed for development and commercialization to benefit the military and the public. Through its Technology Transition program, the U.S. Army licensed ANAM and it has been deployed since 2008. ANAM has been used by some of the world's most prestigious scientific organizations including NASA, which uses ANAM-based WINSCAT to assess neurocognitive status. ANAM has a long and continuous history of research in the Department of Defense, including sports concussion studies at West Point and Traumatic Brain Injury (TBI) studies during Ft. Bragg

Paratrooper training. Through these and other programs, nearly two million DoD ANAM test sessions have been collected, retained and stored in San Antonio with the DoD.

For all service members deployed from 2008 forward, the DoD began testing all members. The DoD established the capability to consistently and continuous access to baseline testing results and generation of summary reports 24-hours per day, 7-days a week per DoD 6490.13, Public Law 104-191 (also known as the "Health Insurance Portability and Accountability Act). Reference (h) compliant capabilities for intra-agency and interagency sharing of neurocognitive assessment testing data, including requests from the Veterans Health Administration (VHA).

The majority of TBI Veterans served during the initial deployment of ANAM and were tested pre and post deployment, but we have been unsuccessful in attaining test results through the VHA for the individual Veterans. As a **TBI/PTSD Veteran, he/she may request copies of their ANAM and neurocognitive test assessments by having the VHA/DoD medical doctor call or e-mail the Neurocognitive Assessment Branch helpdesk** and request a copy of my ANAM results at (855)-630-7849 or e-mail at usarmy.jbsa.medcom.mbx.otsg-anam-baselines@health.mil. These requests are routinely made, and ANAM results are provided to Veterans within 24 hours based on the helpdesk feedback we received. The requests are only fulfilled to individual Veterans if coordinated through the VHA or DoD medical doctors.

2026 ANAM ANALYSIS RESULTS

The following three charts provide ANAM analyses that was performed using all 19 of the subjects from this dataset.

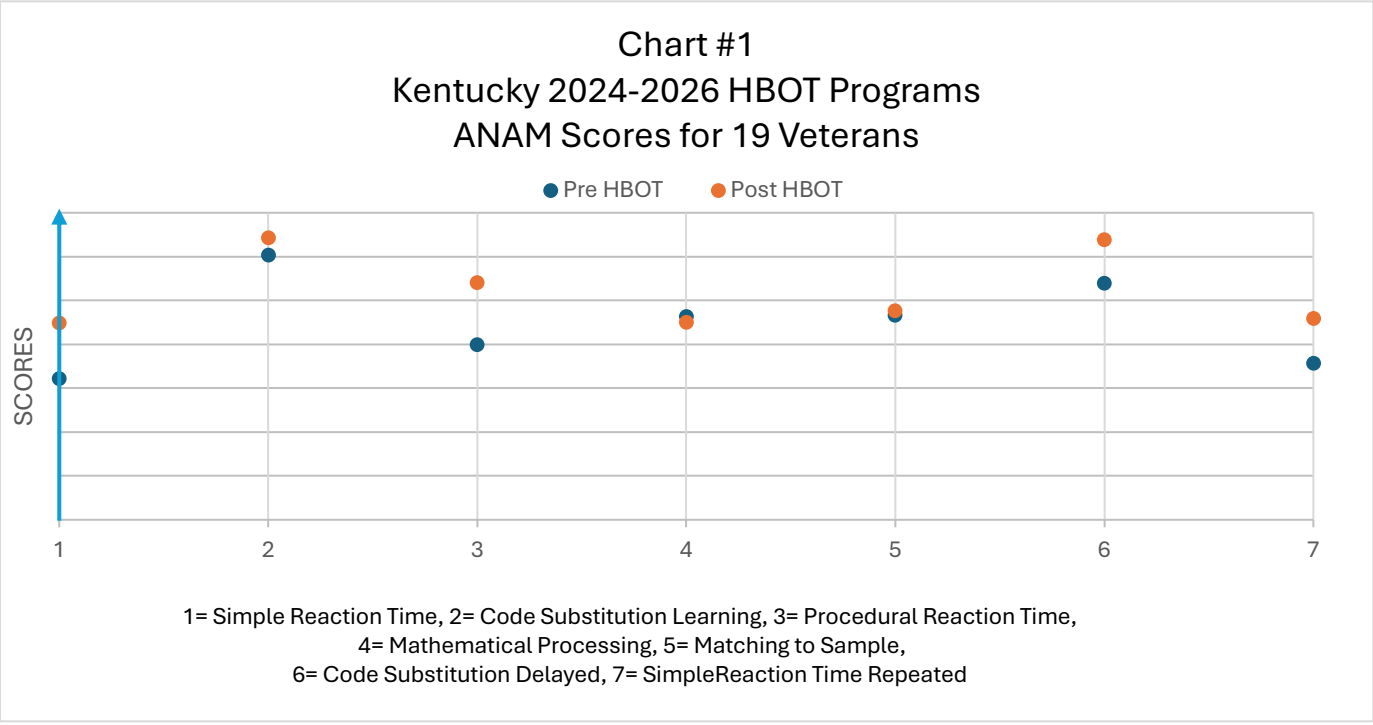


Chart #2
Kentucky 2024-2026 HBOT Programs
ANAM Scores for 19 Veterans*

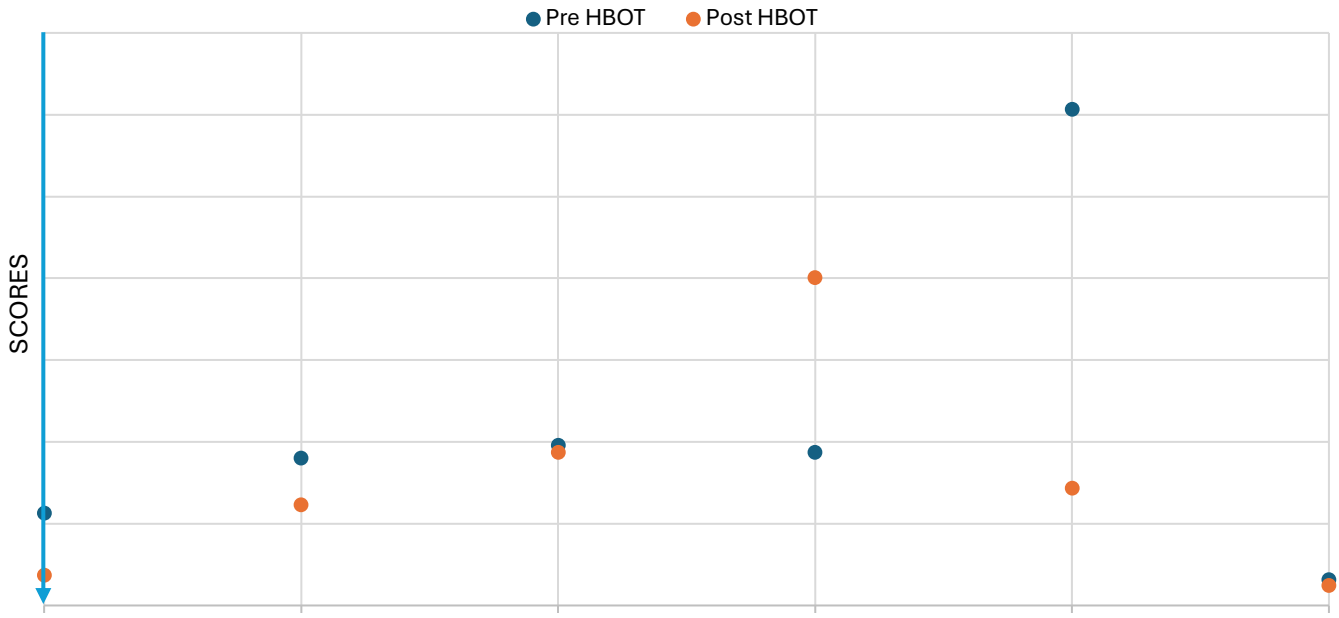
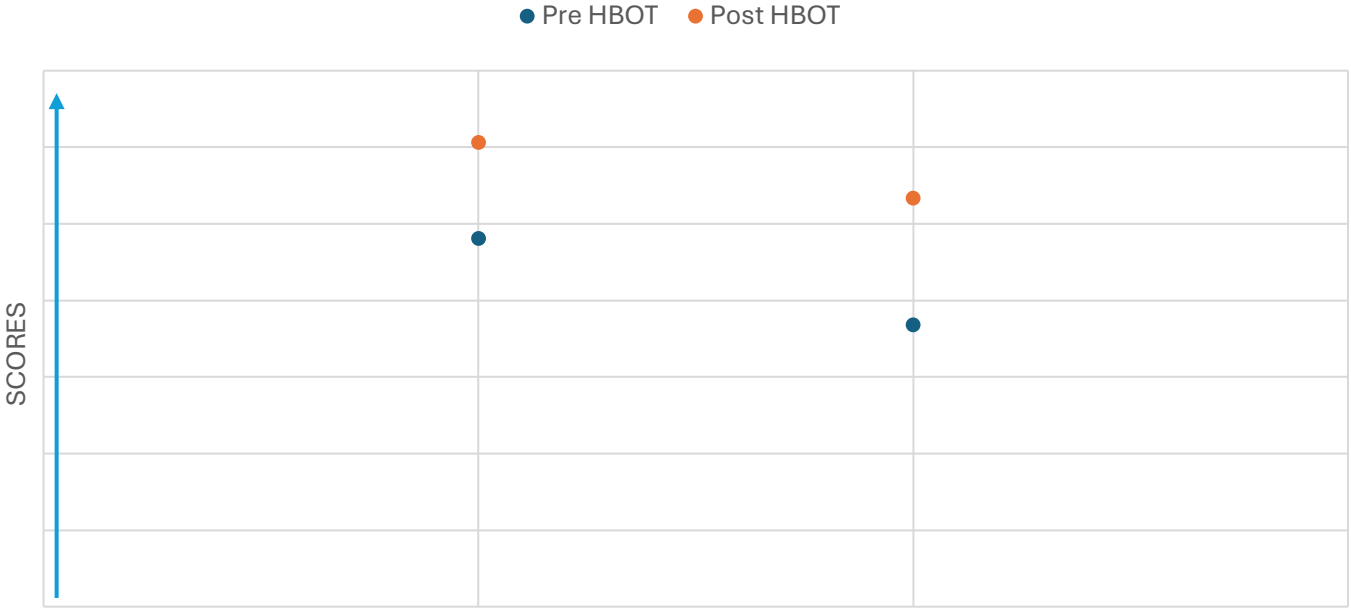


Chart #3
Kentucky 2024-2026 HBOT Programs
ANAM Scores for 19 Veterans*



3

*Some of the 19 veterans experienced an increase in positive mood as shown in Chart #3 above. This outcome taken together with a decrease in negative mood indicators as shown in Chart #2, is correlated with reduced suicidality.

COMBINED ANAM ANALYSIS RESULTS FOR 19 PATIENTS

This is a report of 19 military Veterans who were treated by HBOT. Each had a pre-assessment (baseline) prior to beginning HBOT treatment and a post-assessment after HBOT. The tests and mood measures that are given in the ANAM tests are listed in Table 1. Examining Table 2 shows that there was improvement in two cognitive scores from pre to post assessments across all ANAM tests. The negative emotions of anger, anxiety, fatigue, restlessness and sleepiness improved by showing statistically significant less difficulties. Depression did not show a corresponding significant improvement. The reason could be the small number of datasets available for this analysis. The positive emotions of happiness and vigor did show statistically significant improvement. This was demonstrated by reporting more of these positive emotions.

The lower scores on anxiety and anger are important given the work of Stanley, et al (2017), Harch et al. (2017) and Shytle et al. (2019) which reported that there was a compelling relationship between the presence of depression, anger and suicide. All three studies showed that a higher presence of depression and anger with a history of TBI was associated with more suicidal thoughts and attempts. Reported post HBOT reduced suicidality resulted from reduced anger and depression and other negative emotions along with increases in positive emotions. The pre and post assessments in this analysis showed reduced suicidality indicators with improved positive mood (Happiness and Vigor) and less negative mood (Anger, Anxiety, Restlessness and Fatigue).

Data from the 19 HBOT program patients also showed small improvement in cognitive performance in processing speed. This improvement was especially noted in Procedural Reaction Time, and Code Substitution – Delayed.

A paired samples test was conducted; the results are presented in Table 2. This test measures the significance of the difference of the individual test items between the two assessments (pre and post). Items that are bolded in Table 2, indicate a significant difference ($p < .05$) from the pre-assessment as shown in the column Test Significance in Table 2.

Table 1

The below data was used to construct the preceding Charts 1-3

N=19	Mean	Std. Deviation	Std. Error Mean
Pre Simple Reaction Time	82.11	28.213	6.473
Post Simple Reaction Time	94.84	19.317	4.432
Pre Code Substitution-Learning	110.37	19.528	4.48
Post Code Substitution-Learning	114.21	15.754	3.614
Pre Procedural Reaction Time	89.95	19.458	4.464
Post Procedural Reaction Time	104.05	14.152	3.247
Pre Mathematical Processing	96.32	12.552	2.88
Post Mathematical Processing	94.95	13.942	3.199
Pre Matching to Sample	96.63	16.163	3.708
Post Matching to Sample	97.63	9.305	2.135
Pre Code Substitution Delayed	103.84	23.441	5.378
Post Code Substitution Delayed	113.89	16.069	3.686
Pre Simple Reaction Time-Repeated	85.74	20.229	4.641
Post Simple Reaction Time-Repeated	95.95	22.734	5.216
Pre Anger	11.2563	15.14204	3.47382
Post Anger	3.6553	7.17582	1.64625
Pre Anxiety	17.9811	16.85406	3.86659
Post Anxiety	12.2805	14.23495	3.26572
Pre Depression	19.5911	25.12665	5.76445
Post Depression	18.7132	29.48162	6.76355
Pre Fatigue	40.0595	21.56351	4.94701
Post Fatigue	26.4637	20.25068	4.64583
Pre Happiness	48.0995	25.13682	5.76678
Post Happiness	60.6721	33.36239	7.65386
Pre Restlessness	25.7326	22.50726	5.16352
Post Restlessness	14.3279	14.20135	3.25801
Pre Vigor	36.8421	21.84984	5.0127
Post Vigor	53.3621	30.89941	7.08881
Pre Sleepiness	3.11	1.15	0.264
Post Sleepiness	2.47	1.541	0.353

Table 2

Paired Samples of the ANAM Throughput and Raw Mood Scores

Degrees of Freedom=18	Paired Differences*					Analysis Results t	Test Significance**
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
ANAM Test							
Simple Reaction Time	-12.737	29.386	6.742	-26.9	1.427	-1.889	0.075
Code Substitution Learning	-3.842	20.125	4.617	-13.542	5.858	-0.832	0.416
Procedural Reaction Time	-14.105	22.728	5.214	-25.06	-3.151	-2.705	**0.014**
Mathematical Processing	1.368	11.682	2.68	-4.262	6.999	0.511	0.616
Matching to Sample	-1	18.062	4.144	-9.705	7.705	-0.241	0.812
Code Substitution-Delayed	-10.053	21.381	4.905	-20.358	0.253	-2.049	**0.055**
Simple Reaction Time-Repeated	-10.211	24.594	5.642	-22.064	1.643	-1.81	0.087
ANAM Mood Scales							
Anger	7.60105	15.68145	3.59757	0.04283	15.15927	2.113	**0.049**
Anxiety	5.70053	13.36923	3.06711	-0.74324	12.14429	1.859	**0.08**
Depression	0.87789	31.2771	7.17546	-14.1972	15.95297	0.122	0.904
Fatigue	13.59579	24.79121	5.68749	1.64681	25.54477	2.39	**0.028**
Happiness	-12.5726	24.59171	5.64173	-24.4255	-0.71981	-2.229	**0.039**
Restlessness	11.40474	18.99568	4.35791	2.24911	20.56036	2.617	**0.017**
Vigor	-16.52	26.1975	6.01012	-29.1468	-3.89321	-2.749	**0.013**
Sleepiness	0.632	1.3	0.298	0.005	1.258	2.118	**0.048**

- Paired Difference test provides a comparison of the pre and post testing to determine whether significant change has occurred.

** Test significance is statistically defined as .05 or less

Right Eye Testing and Results

Right Eye is an FDA-cleared, eye tracking system that supports the identification of visual tracking impairments in just minutes. The Right Eye Sensorimotor System™ evaluates how your eyes and brain work together. By analyzing eye movements, this technology helps diagnose and manage various conditions, from vision-related issues to brain health. This state-of-the-art system uses a high-speed camera to track eye movements. Patients follow a cursor on the screen as their eyes move, Right Eye captures detailed data that is analyzed to identify potential issues. It's a non-invasive and quick test that provides valuable insights into your visual and neurological health.

In conducting Right Eye Analysis, four basic assessments are conducted which include the following:

- Fixation-The eyes' ability to lock onto a target and hold focus
- Pursuits-the eyes' ability to follow a moving target and work together
- Saccades-the eyes' ability to move quickly to look at a target
- Processing-the brains' ability to process the information the eyes are seeing

When patients experience a concussion/TBI, the Vestibular-Ocular (V-O) System is damaged in about 95% of all patients. The Vestibular-Ocular system is the way your eyes and brain communicate about what you see. If after a TBI, you are having problems it is very probable that your Vestibular-Ocular system is damaged. In TBI HBOT Veteran patients, we have conducted Right Eye initial tests prior to HBOT as foundation and during the treatment process to assess measurable changes in the Vestibular-Ocular system that we know will measure the healing and rehabilitation process.

2025-2026 Right Eye Test Results

Name	Pre HBOT Overall All	Month/Yr	Pursuites	Saccades	Fixations	Post HBOT Final Overall	Month/Yr	Pursuites	Saccades	Fixations
Army 22-2025	33	Jun-25	46	29	26	Completed Treatments, No Final Testing	NA	NA	NA	NA
Amry 26-2026	25	Mar-26	30	37	8	Still in Treatment	NA	NA	NA	NA
Navy 6-2025	88	Nov-25	76	92	98	Elected No Treatments	NA	NA	NA	NA
Marine 7-2025	81	26-Mar	50	100	93	90	May-26	83	88	100
USAF 2-2025	84	25-Dec	82	70	100	Elected No Treatments	NA	NA	NA	NA
Army 24-2025	81	25-Dec	65	97	83	87	26-Apr	67	85	99
Navy 1-2024	Patient results so bad would not register	25-Jul	NA	NA	NA	49	25-Sep	15	35	98
USAF 4-2025	75	26-Mar	81	47	99	72	26-May	33	84	99
Navy 5-2025	81	25-Jun	79	64	100	83	25-Oct	65	86	99
Army 25- 2025	78	26-Jan	67	79	88	75	26-Jun	73	57	97
Army 12-2025	81	25-Jul	52	91	100	88	26-Jan	80	86	100
Army 23-2025	76	25-Dec	81	49	98	62	Jun-26	71	17	100
Marine 6-2025	64	25-Nov	66	75	51	86	26-Apr	69	89	100

2025-2026 Right Eye Test Results Summary

A total of 13 Veterans elected to be tested with Right Eye during treatments from July 2025 to June 2026. Two tested but did not receive any HBOT treatments. One Veteran still in treatment, and one Veteran did not take final Right Eye test after completing HBOT treatments. Overall scores ranged from 25/100 to 90/100 reflecting on broad spectrum of neurological and visual dysfunction. Three (23%) reflected severe impairment, four (31%) reflected moderate impairment, five (38%) mild impairment, and one (8%) normal. The overall initial testing reflected impaired pursuits, abnormal saccadic movements, fixation instability, slowed visual processing and increased cognitive effort during visual tasks. The average overall score across initial evaluations is approximately 69/100 which reflects moderate neurological and oculomotor impairment. Eye movement dysfunction was the dominant finding including horizontal, vertical and circular pursuits. The right eye versus left eye had more dominant deficits. The slowed reaction times and processing speeds indicate a broader neurological issue.

Numerous patients exhibited meaningful objective improvements in overall scores, fixation stability, pursuit accuracy, and saccadic performance on follow up testing. All treated Veterans showed improvements. The biggest verbalized improvement is their ability to walk outside without wearing sunglasses due to the high sensitivity to light in the eyes with TBI patients. Improvements over time were reflected in quantitative scores and qualitative movement observations. While some scores went down, MD's have seen this before, scores in certain parts of the test along with overall scores went up.

Drug and Alcohol Testing

Every single TBI/PTSD Veteran entering the HBOT treatment program is required to be 10-panel drug and alcohol tested prior to commencing treatments. This is a requirement of HBOT4KYVETS, Inc and the hospital/clinic to ensure the safety of Veterans/patients while receiving HBOT treatments. The drug and alcohol testing service are contracted through the individual hospital treatment locations or stand-alone testing facilities.

The 10-panel drug screening includes the following substances:

Oxycodone (OXY)	Marijuana (THC
Opiates (OPI)	Amphetamine (AMP)
Methamphetamine (MET)	Benzodiazepines (BZO)
Methadone (MTD)	Buprenorphine (BUP)
MDMA (Ecstasy)	Cocaine (COC)

If the Veterans have a prescription for any of the drugs tested positive, consultation with the medical staff at the designated HBOT treatment facility is required to make an assessment if they may receive HBOT treatments. Veterans sign a HBOT4KYVETS, Inc Treatment Agreement prior to commencing the HBOT treatment program and agree to drug and alcohol testing initially, randomly or if requested by the medical staff while in the treatment program.

The ETB or Ethyl Glucuronide is used for the alcohol testing. Both the alcohol and drug panel tests are normally administered the week prior to commencing their initial HBOT screening and beginning treatments. The drug

and alcohol testing are required as many TBI/PTSD Veterans have been either over medicated and prescribed or may be self-medicating to reduce or manage pain related cognitive and physical symptoms.

HBOT4KYVETS, Inc Treatment Program Results

Combat Exposure Scale (National Center for PTSD, http://www.ptsd.va.gov)

The following test is voluntary. The following responses were recorded from a total of 13 TBI/PTSD Veterans and not all TBI/PTSD responded or had taken the test. A bank of 7 questions is included in the questionnaire below. The responses below reflect exposure to blast, small and large arms fire, IEDs, RPGs and or air support dropping ordnance as well as high frequency level of exposure to the above of 4-7+ months at a time.

Summary

Most Veterans experienced combat conditions of being on combat patrols, under fire or fired on enemy, surrounded by enemy, hit by live rounds, or witness fellow Veterans killed or wounded. The results indicate the majority may have experienced some level of TBI during their combat tours which was validated with medical diagnosis entering our state approved and funded program.

Combat Exposure Scale

Questions	Response
Did you ever go on combat patrols or have other dangerous duty?	46% indicated 51+ tmes, 30.7% indicated none, 15.4% indicated 13-50 times
Where you ever under enemy fire?	61.5% indicated yes overe 4-7 months
Where you ever surrounded by the enemy?	61.5% indicated never, 38.5% indicated 3-12 tmes
What percentage of soldiers in your unit were KIA, wounded or MIA?	69.2% indicated 1-50%
How oftern did you fire rounds at the enemy?	54% indciated 3-51 times
How often did you see someone hit by incoming or outcoming rounds?	54% indicated never, 6% indicated 3-50 times
How oftern were you in danger of being injured, killed, pinned down, overrrun, ambushed or near miss?	61.5% inidcated 3-51+ times

3 Question DVBIC TBI Screening (mirecc.va.gov)

The following test is voluntary. Not all Veterans elected to take or answer all the questions. The following responses were recorded from a total of 13 TBI Veterans. A bank of 5 questions is included in the questionnaire herein below. The TBI screening tool provides insight into both injuries sustained and TBI related symptoms associated with head injuries. The summary highlights reflect the following results:

- 100% of the Veterans were exposed to blasts, IEDs, falls, and or vehicle accidents
- 69.2% experienced some type of other injuries during their service
- **92.3% recall being dazed, confused or seeing stars, a symptom of concussions/TBIs**
- **100% responded currently experiencing some type of symptom related to concussion or head injury, and** 38.4% responded with some other symptoms

The VA administers a modified version of the Defense and Veterans Brain Injury Center (DVBIC) tool but uses a four-question screen (TBI-4) rather than the standard three-question version. Based on our results above coupled with the Combat Exposure Scale, both tests appear to indicate widespread TBI exposure.

Drug Abuse Screening Test (DAST)

The following test is voluntary. A bank of 28 question self-report scale that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has "exhibited valid psychometric properties" and has been found to be "a sensitive screening instrument for the abuse of drugs other than alcohol. Every Veteran is drug tested prior to beginning HBOT treatments. A total of 15 Veterans responded to the survey from June 2025 to June 2026.

The survey results in the chart below indicate most Veterans have no prescription drug abuse, problematic drug use, and no social, family, occupational, legal or medical consequences related to drugs. The survey responses indicate a low risk profile for abuse disorders strictly based on individual survey results, but it is not based on a medical assessment.

HBOT4KYVETS, Inc works with hospital and testing facilities to ensure the medical staff have access to pre HBOT Drug and Alcohol testing results to ensure Veterans who may have either alcohol or drug abuse issues are not allowed to enter HBOT chambers for treatments.

It is well known TBI/PTSD Veterans have been exposed to a regiment of pharmacology and prescription medications for every type of cognitive related symptom. Veterans may have had a daily regimen of two to thirty prescriptions. From 2006 to 2014 it has been published over 847 million opioid pills were distributed by the VA which resulted in over 679,000 Veterans with Opioid Use Disorder (OUD) in 4Q2012. The VA self-induced opioid epidemic mirrored what was occurring across America during the same period. It has been established by the state Attorney Generals who initiated legal proceedings against Purdue Pharma who was the manufacturer of opioids and at the center of nation's opioid epidemic.[1]

TBI/PTSD Veterans were seeking pain relief from the cognitive related symptoms from their physical brain wounding incurred from blast and fall concussions. The medical approach of treating TBI/PTSD symptoms as individual psychological issues versus physical brain wounding resulted in majority of Veterans being over medicated. Veterans seeking pain relief became addicted to opioids or abused alcohol to attain pain relief. There are NO FDA approved drugs for TBI and only two FDA approved prescriptions for PTSD, Zoloft and Paxil.

Based on the twenty-five-year history of TBI/PTSD Veterans since 9/11, drug and alcohol testing of TBI/PTSD Veterans is paramount to ensure safety of the Veterans, HBOT hospital, and clinical staff.

[1] https://www.addictioncenter.com/community/how-purdue-pharma-sackler-family-perpetrated-opioid-crisis/

Drug Abuse Screening Test (DAST)

Queston	Response
Have you used drugs other than those required for medical reasons?	87% responded NO
Have you abused prescription drugs?	86.7% responded NO
Do you abuse more than one drug at a time?	86.7% responded NO
Can you get through the week without using drugs other than those prescribed?	100% responded YES
Are you always able to stop using drugs when you want to?	100% responded YES
Do you abuse drugs on a continuous basis?	93.3% responded NO
Do you try to limit your drug use in certain situations?	73.3% responded YES
Have you had blackouts or flashbacks as a result of drug use?	86.7% responded NO
Do you ever feel bad about your drug use?	86.7% responded NO
Does your spouse or parents ever complain about your involvement with drugs?	86.7% responded NO
Do your friends or relatives know or suspect your abuse drugs?	93.3% responded NO
Has drug abuse ever created problems between you and your spouse?	93.3% responded NO
Has any family member ever sought help for problems related to your drug use?	100% responded NO
Have you ever lost friends because of your use of drugs?	86.7% responded NO
Have you ever neglected your family or missed work because of your use of drugs?	93.7% responded NO
Have you ever been in trouble at work because of drug abuse?	100% responded NO
Have you ever lost a job because of drug abuse?	100% responded NO
Have you gotten into fights when under the influence of drugs?	86.7% responded NO
Have you ever been arrested because of unusual behavior while under the influence of drugs?	93.3% responded NO
Have you ever been arrested for driving while under the influence of drugs?	93.3% responded NO
Have you ever engaged in illegal activities in order to obtain drugs?	100% responded NO
Have you ever experience withdrawal symptoms as a result of heave drug intake?	93.3% responded NO
Have you had medical problems as result of your drug use?	93.3% responded NO
Have you ever gone to anyone for help for drug problems?	86.6% responded NO
Have you ever been involved in a treatment program specifically related to drug use?	86.6% responded NO
Have you ever been treated as an outpatient for problems related to drug abuse?	93.3% responded NO

Michigan Alcoholism Screening Test (MAST)

Questions	Responses
Do you feel you're a normal drinker?	86.6% responded YES
Have you ever awakened in the morning after some drinking the night before and found that you could not remember a part of the evening?	73.3% responded NO
Does your wife, husband, parent, or near relative ever worry or complain about your drinking?	86.6% responded NO
Can you stop drinking without a struggle after one or two drinks>	100% responded YES
Do you ever feel guilty about your drinking	80% responded NO
Do friends or relatives think you are a normal drinker?	93.3% responded YES
Are you able to stop drinking when you want to?	100% responded YES
Have you ever attended a meeting of Alcoholics Anonymous (AA)?	86.6% responded NO
Have you gotten into physical fights when drinking?	80% responded NO
Has your drinking ever created problems between you and your wife, husband, a parent or other relative?	86.6% responded NO
Has your wife, husband, or other family member ever gone to anyone for help about your drinking?	93.3% responded NO
Have you ever lost friends because of drinking?	86.6% responded NO
Have you ever gotten into trouble at work or school because of your drinking?	100% responded NO
Have you ever lost a job because of drinking?	100% responded NO
Have you ever neglected your obligations, your family, or your work for two or more days in a row because you are drinking?	93.3% responded NO
Do you drink before noon fairly often?	100% responded NO
Have you ever been told you have liver trouble?	86.6% responded NO
After heavy drinking have you ever had Deliriuym Tremens (Dates) or severe shaking, or heard voices or seen things that really were not there?	100% responded NO
Have you ever gone to anyone for help about your drinking?	86.6% responded NO
Have you ever been in a hospital because of drinking?	93.3% responded NO
Have you ever been a patient in a psychiatric hospital or on psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?	93.3% responded NO
Have you ever been seen by a psychiatric or mental health clinic, or gone to any doctor, social worker, or clergyman for help with an emotion problem, where drinking was par of the problem?	93.3% responded NO
Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages?	80% responded NO
Have you ever been arrested, or taken into custody even for a few hours, because of other drunk behavior?	100% responded NO

The above MAST test is voluntary. The MAST screening tool is a 26-question test that is used to help identify an alcohol dependency. Questions included in MAST are related to: risks associated with drinking patterns, neglect of responsibilities, loss of control, and other topics. A total of 15 Veterans participated in the survey.

The summary indicates based on individual responses of low prevalence of problematic alcohol use and risk alcohol consumption issues over all for all who participated in the survey.

- TBI/PTSD Veterans sign a Treatment Agreement informing them if they show up for HBOT treatments under the influence of drugs or alcohol they will be terminated from the program as this is a medical safety issue with the hospitals/clinics and staff.

Overall HBOT Treatment Testing Summary

- A total of twenty-Seven (27) Veterans completed the treatment program, and 5 TBI Veterans are currently in the treatment program.
- A total of 22 have completed treatments since 2024, 27 since 2020. ***A total of 20 of the 27 completing treatments are either back in school, back to work part-time or full time, or back to a level of normalcy based on their feedback (74%).***

National Veteran Testimonials

With our national partnership with TreatNOW.org, we have YouTube library of 100+ TBI/PTSD Veterans and family member testimonials which may be viewed **https://www.youtube.com/@treatnowdotorg/videos.**

Testimonial highlights include Dr. Joseph Maroon, MD, former Neurosurgeon of the NFL Pittsburgh Steelers, Army BG (Ret) Patt Maney, retired District Court Judge and now Florida State Representative, 2014 Former Marine Corp Commandant Conway and Navy Admiral Roughead, Chief of Naval Operations testifying before the US House on HBOT, several Navy SEALS, Army Vietnam Medal of Honor recipient Sammy Davis (the real Forest Gump) and his wife Dixie, and an Army Afghanistan Chaplain Veteran.

Kentucky Veteran Individual Written Testimonials

The heart of HBOT4KYVETS, Inc mission is reflected in the powerful stories of the Veterans we serve. These individuals, who have bravely served our country, often return home carrying the invisible wounds of war, including TBI/PTSD and other medical challenges. Through the Kentucky enacted KRS 217.930-942 in 2018 and the funded HBOT treatment program in 2024, Veterans have experiences life-changing relief and healing with Hyperbaric Oxygen Therapy (HBOT).

In this section, we present multiple testimonials from Veterans who have directly benefited from HBOT4KYVETS, Inc program. These stories highlight the profound impact of this innovative therapy, from restoring brain health and mental clarity to renewing hope and purpose. Each account demonstrates the critical importance of our continued efforts to expand access to HBOT for Kentucky Veterans.

These testimonials are not just a narrative of individual recovery. They are a testament to the effectiveness of HBOT as a medical alternative adjunctive therapy to combat the Veteran mental health crisis, to include the suicide and opioid epidemics that have decimated our Veteran community across the country. As you read their

words and stories, we hope you'll see the undeniable value of sustaining and enhancing this program to reach more of our nation's heroes, especially here in the Commonwealth. Names are de-identified for accounting cost submittals and HIPAA protection and secondary names assigned for tracking purposes, which are used herein below for their written testimonials. **The written testimonials are as submitted to HBOT4KYVETS, Inc on or after Jun 27, 2025. Not all Veterans volunteered to submit weekly/monthly updates on their treatments. We included comments on those who elected to share their HBOT treatment journey here below. Comments were alternated to ensure his/her or any other identifier were removed and are indicated with XXX.**

USAF 3-2025

This is my second week of treatments, and I have had 10 dives now. The staff is still awesome. There have been no delays. Ms. XXX takes time to talk to everyone. Finished my 20th dive. Ms. XXX is keeping a close eye on my BP. It has always been on the higher side. The staff is a great group of people. They seem to be invested in their patients' healing process

Nurse comment on USAF 3-2025: Has completed 15 of the first 40 treatments and is doing well. The Nurse comment says "thinks" it's helping the headaches and sleeping better."
USAF 3-2025: My sleep is better. Once I go asleep, I sleep longer. I am also not having nightmares as often. Still have memory issues, anxiety, and depression. The anxiety doesn't last as long. I also noticed that I am not as irritated as long or often.

Nurse comment on USAF 3-2025: Will complete the 40th treatment December 23, 2025. USAF 3-2025 is doing well and feels like it is helping sleep better and dream less.

Today was my last dive. I am awaiting a call back to schedule my eye exam. My XXX says that since starting the dives, I am more tired and seem to be on edge. I agree that I am sleepier, but I feel like I have more gumption to get things done. I don't wait around for people. I still have to use to do list and reminder alarms on my phone.

ARMY 22-2025

Veteran Army 22-2025 has been in treatment daily since June 16, 2025. Today he will have completed 10 treatments. He reports to me that XX thinks it's helping. Stated "seems like headaches may be not as severe and sleeping a little better." XX has not missed a day since starting treatment.

Army 22-2025 completed 20 of 40 prescribed treatments today. When asked if XX had noticed improvement stated, "I am sleeping better and overall feel better."

Army 23-2025

Not too much to update from last week. Not a bad week, not a drastic week but I have not lost hope. I will say I feel like I am getting my quick wit back so that's nice, although my XX may be disappointed. I will give you an update later 20-24.

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I've hit dive 40 today. Overall, I have definitely improved since I have started. I have a slight increase in energy, feel more witty, able to handle stress better and my brain fog isn't as common. I would still rate myself a 5-6 out of 10. 1 being when I started and 10 being when my medication was working well early on. I would like to get more dives to see if things keep improving but needed to see how you would like me to proceed.
I will say last week was much improved. I would say I went from that 5 out of 10 plateaus to a 7-8 on most days. Felt some energy coming back and much less forgetful. My mood/ anxiety was much more manageable last week. It was probably the most improved I've felt since the initial "coming out of the fog" in the beginning. I'll keep you updated.

Before participating in the HBOT program, navigating daily life had becoming increasingly challenging. Every day I was fatigued, brain fog, lack of energy, lack of enthusiasm, anxiety, and had a hard time staying focused enough to even carry a conversation. I felt like I had worked a 24-hour shift and got 3 hours of sleep. The hardest part of all was not that I was suffering, but those around me that I loved and cared for suffered as well.

I had maxed out the dosage on one prescription and was prescribed the maxed dose on a second. It seemed like my only hope of a normal future was going to be in pharmaceuticals. *When I learned about HBOT I was cautiously optimistic but was willing to try anything that wasn't measured in milligrams*.

I have now completed 60 dives and the healing continues. Within the first month my brain fog had gone. I no longer would go through a day feeling like I had a sinus infection without a stuffy nose. By dive 40, my thoughts are clearer, my energy is up and I can carry a conversation without losing my train of thought. ***My daily mood has stabilized, and I am back to being the present productive husband and father I was used to.***

Marine 6-2025

Just wanted to touch base and let you know I'm hoping to finish my last 3 dives this week as long as nothing crazy happens at work for my schedule. This has been life changing - I feel amazing! I shared this with my neurologist NP who is sharing this with all her veteran patients. She's very excited about the program and very excited about my results. I can't thank you enough, and neither can my XXXX..

Tomorrow will be #60 for me. It's been hard to tell if things are still improving for me or if I've balanced out. I know for sure the improvement since I started has been incredible! The leap is great, used to have tinnitus really bad, now it is hardly ever present, only when I am tired. Sensitivity to light and sound is gone, and anxiety level is back to normal. Needed air plugs but now it is not required for loud sounds.

My experience with HBOT has been life changing. Before HBOT, I suffered from symptoms of PTSD and my TBI, including migraine, insomnia, tinnitus, difficulty focusing/concentrating, mood changes, chronic fatigue, difficulty remembering things, and sensitivity to light. After completing the treatment, I feel like a new person. All the symptoms I experienced before have improved significantly or are gone. For the first time in 20 years, I can fall asleep, stay asleep, and get good rest throughout the night without the help of a lot of medication. I no longer get migraines or experience tinnitus daily or even weekly. Best of all, my ability to focus and stay on track all day throughout each day has allowed me to be more productive and live a fuller and more fulfilling lifestyle. I am grateful for the opportunity, and I hope more Veterans are able to be a part of this program.

Spouse of Marine 7-2025

I just wanted to give you a quick update on Marine 7-2025 has completed the first week of treatment. So far, we have not noticed anything as far as mentally or physically. However, XX remains positive that this will help on so many levels. I will say XXX has been more positive and more mentally available this week. Gets overstimulated quickly, but I don't think that has anything to do with treatment. If anything, it gives XXX a chance to rest without having to do or be anywhere else and can just focus on healing. Overall, we remain positive that this will help heal the damaged brain tissue, potentially the small tear in his shoulder, and his foot as it finishes recovering from reconstructive surgery.

I just wanted to send another update since XXX now has ten dives under the belt. So far everything is going really well. I have noticed that the sinuses are acting better this week, XXX isn't as drippy or snotty. Which is a blessing. XXX has made mention that gets tired faster in the evenings, which is a 180 for XXX, normally his brain is too awake, and the thoughts are too overwhelming, and XXX normally struggles to go to sleep at all. XXX has been sleeping deeper. XXX has made two comments this week that XXX may not have slept as long as would have liked too but slept deeply enough to have felt well rested. XXX is still feeling very positive about everything and is very encouraged by the sleep quality improving. ***I know XXX brain was really hurt from combat, XXX has had easily 18 concussions in the lifetime between combat and being a dumb teenage XXX.*** I hope to get brain scans done soon so we can monitor better, XXX has a small lesion on the pituitary that we keep an eye on which is what lead to us finding the TBI. XXX is much slower to anger also. XXX has a short fuse from being a combat marine, and it has been nice to see XXX less on edge and slow to frustration and anger. Overall, I would say that this treatment is helping in many ways, and this is only week two, I cannot wait to see what progress XXX makes by the very end of it!

I just wanted to touch base with you now that Marine 7-2025 has completed 60 dives. ***We are so grateful for this incredible opportunity as we feel it has helped XXX tremendously!***

Overall, we feel that these treatments have helped with all of the symptoms we were previously concerned about. To add to the exceptional experience, it prevented XXX from getting sinus infections that I was unfortunate enough to catch, his shoulder is repairing ahead of schedule from his surgery, and his range of motion is looking superior to other patients that his physical therapist has seen. ***I would say that this treatment is life changing for veterans. My spouse has seen such relief from just 60 dives, from sleep, to just being able to function more calmly, it all has gotten better since starting HBOT.***

We are so pleased to inform you that Marine 7 has completed all of the HBOT treatments. XXX underwent 80 dives and it is safe to say that they have help tremendously. XXX is going to send you a more in-depth email about his feelings and how XXX believes this has helped. ***I have seen change in XXX, that other treatments and medicines just simply could not achieve.*** Is sleeping better, and through the night almost every night with the exception if XXX drinks too much water before bed. XXX mood is lighter, has more mental space and clarity, and overall, is more like the XXX believes XXX is. And that is something nothing else has given him. WE thank you from the bottom of our hearts that you allowed us to participate in this treatment and that XXX was able to undergo so much extensive treatments. 80 dives seem like the perfect amount, although I am sure XXX would go for more just to be able to chat with the team and Ms XX. She is a delight and such a great person! Thank you again for this incredible opportunity, we will definitely tell our friends that qualify to help spread the

word. Overall, I would say that this is an instrumental part of healing, and I am so grateful that we were able to connect with you.

Spec Ops 5-2025

Hey man, sorry it's taken me a while to get this to you, was out training for a while and then playing catch up here in garrison. Some data on the effects of the treatment: Temporary relief of tinnitus. Returned after cessation of treatments, Improvement of resting HR and HRV over the course of the treatments of about 10%, Improvement in general mood and more positive outlook on life, Improvement in cognitive function and short-term memory.

Finished dive #30 on Friday. Looks like we'll have all 40 done by the end of the month. Biggest improvements I'm noticing are emotional/psychological. A lot more positive mood and large reduction in the baseline anxiety level that I hadn't even really realized was always there.

Army 24-2025

The treatments are going well, and the hospital staff are really awesome. I asked them the other day that after each treatment now that I feel sleepy, and they told me that it was normal. Thank you again for allowing me to be in the program, and from this point on I will send you an email. Also, this coming week (March 9-12) each appointment will begin at 0800 each day.. Sir, the people at the hospital are truly awesome and are dedicated to this program. Thank you so very much for allowing me to remain in the program and I will give you those weekly updates. Thank you for your email and I pray that GOD will continue to bless you and your family for being a blessing to me.

I wanted to give you an update concerning my treatments. Since I returned, I've had the opportunity to receive the treatment in a larger chamber and after the treatment I wasn't tired or sleepy as before and I actually felt a lot better and had more energy than before. The larger chamber was warm at the beginning and cooler as the treatment progressed. Once the treatment was over, I wasn't tired as before. I asked the nurses if I could continue in one of the larger chambers because I felt the change that occurred.

I also want to thank you for the additional weeks, and I appreciate you investing in not only my future but also my life with my family! Sir, I pray you and your family have a good evening!

I hope you and your family are doing well. I just completed treatment # 50 and I'm resting better at night now and not staying up to 1am or 2am anymore. I'm still have issues with my memory, but I feel that it's getting better!

This past week I was able to attend three sessions, due to other appointments. I have noticed a change in my memory, (for the better) every amount counts. I still have a way to go but I'm thankful for every step as I get closer and closer I'm calmer now than before. Every stressful moment would make me feel like a failure. These treatments have changed my outlook, and I can cope with things now 70% better. I can never thank you enough for allowing me this opportunity, I'm truly thankful

First, I must always thank you for this opportunity. I have witnessed my endurance increased throughout the weeks and my stress level has decrease. I'm less frustrated but calm now than before. Thank you for the

increase of hours. I often test myself on my memory and I notice some change. I pray that GOD continue to be with you and your family and thank you for opening this door for us!

USAF 4-2025

This week was a little rough at first. I had a migraine last Saturday and Tuesday. Weather, time change and new job positron a work, caused that. I had two good days with only minor pain in my low back and hip. Normally they hurt all the time. I am just a little over 20 treatments. I still have anxiety, and I have times where I can work through it better. All in all, a good week. Looking forward to continued improvement.

2024-2025 KDVA MONTHLY AND ANNUAL METRICS AND MEASUREMENTS

HBOT4KYVETS, Inc contracts HBOT services with a group of now six Kentucky hospitals operating Wound Care Center Hyperbaric Oxygen Therapy (HBOT) treatment centers. The hospitals are staffed with trained, licensed, and certified Medical Doctors, and medical HBOT technicians. HBOT treatment costs include actual HBOT treatment services, medical doctor services, and medical support services. HBOT testing costs include FDA approved pre and post Right Eye, FDA cleared, and DoD approved pre and post Automated Neuropsychological Assessment Metrics (ANAM) cognitive testing, a battery of four additional computer-based tests, and pre HBOT treatment Drug and Alcohol Testing.

HBOT4KYVETS, Inc negotiated and executed formal business contracts with each hospital, testing services, and Drug and Alcohol testing service providers which define medical expenses. Every effort was made to negotiate and establish Medicare pricing rates for medical and testing services provided or lower.

July 2024 to May 2026 Financial Reporting

HBOT4KYVETS, Inc total expenses from July 1, 2024 (effective start date of KDVA MOU) to May 30, 2026, were $541,789. June 2026 expenses are not included in the report based on this annual report due prior to the end of June and normal expense reporting is not required until the 5th of following month.

For the two-year period of July 2024 to May 2026, HBOT4KYVETs, Inc expensed $535,343 on HBOT treatments and Medical Doctor HBOT oversight or 35.7% of the $1.5 million, $5,450 on pre and post HBOT testing or .37%, and $989 on administrative and travel expenses or .06% of the total state funded allocations. There were no funds expended for salaries or any other expenses other than what is shared herein.

A total of twenty-two (22) Veterans completed treatments during the 2024-2026 reporting period and additional five (5) Veterans currently in the treatment program. **Averaging total expenses for the 22 total Veterans in the treatment program equals $24,626 in testing, HBOT treatment, and medical doctor cost per Veteran ($541,789/22).** The increase in treatment cost per Veteran of $15,015 in 2025 versus $24,646 in the 2026 report is reflected in the number of HBOT hours (60-100) per Veteran to heal their invisible physical brain injuries and slight variations in hospital CMS treatment cost per facility. CMS costs are modified annually by the US Government.

Total Kentucky budget allocated funding was $750,000 per budget year or total of $1.5 million over the two-year budget cycle. Total state funding remaining in June 2026 is $958, 211. At $479,105 funding available remaining

per year at average cost of $24,626, we can treat 20 Veterans per year. The original budgeting projection was 50 TBI Veterans to be treated per year or approximately 4 per month which would have equated to the $750,000. We have treated an average of 1.0 Veterans per month. There are multi-reasons driving the shortfall of TBI Veterans in the treatment program. They include but not limited to the Louisville and Lexington VA facilities refusal to support the alternative treatment and refer Veterans, lack of statewide news media coverage and advertising, and statewide transparency of our treatment program. Veterans face two dilemmas; accepting another treatment program when all others have failed, and PTSD diagnosed only Veterans not qualifying for treatments under KRS 217.934 (1). With the enactment of HB 369 in 2026, the PTSD Veteran treatment will be covered commencing on July 13, 2026. We expect the Veterans submitting applications will begin to increase in 2026.

The number of HBOT treatments per Veteran varied based on actual number of chronic TBIs, severity of TBIs, and length of time since the TBI brain wounding occurred. A Veteran with 10 TBIs may require 100 HBOT hours of treatment versus a Veteran with 1-2 TBIs may only require 40 HBOT hours. The average number of HBOT dives to eliminate cognitive related symptoms from TBIs per Veteran is averaging 60-100 hourly dive regiment or 3-5 months of treatments for each Veteran based on actual treatments conducted. With six hospitals and one clinic available starting in July 2026, approximately 20 HBOT chambers will be available statewide for treatments.

The Economic Impact of TBI/PTSD Veterans in Kentucky Report was delivered to the legislative leadership on or about May 15, 2023 (copies available upon request)

Traumatic Brain Injuries, the “invisible wounds” and the “signature injuries” to US service members is over 877,450, in addition to the tens of thousands of visibly wounded combatants. It is fair to say that costs continue to escalate partly because of bad science brought about by medicine’s unwillingness to accept worldwide science and evidence of new, non-standard treatments that are healing brain wounds

Approximately 19,394 Kentucky Veterans were Medicaid covered in 2015, and of this number, 54 percent were disabled, 11 percent had mental illness and 12 percent substance use disorder for a total of 76 percent or 14,739.[2] Our estimate of 12,050 TBI Kentucky Veterans is under stated in this analysis. Consequently, our projected annual TBI/PTSD Veteran societal economic impact financial analysis is also under reported.

In 2019, approximately 64.7 million citizens were enrolled in Medicaid, with persons with disabilities under the age of 64 in 2016 average Medicaid cost was $19,753 per expenditure.[3] Overall, expenditures on Medicaid for FY2017, including federal funds, consumed 28.9 percent of state budgets.[4] We estimate a percentage of TBI Veterans qualify for Medicaid financial assistance. Our research did not conduct a financial assessment of TBI qualified Medicaid Veterans who qualified for compensation expenses across each state and are not included in the analysis which we conducted.

The current annual economic societal cost (Table 1 in the KY Report)[5] for Kentucky TBI/PTSD Veterans who live with an untreated, undiagnosed, or misdiagnosed TBI is estimated to be $484,249,150. For the estimated 12,050

[2] Kaiser Family Foundation, KFF.org, Medicaid’s Role in Covering Veterans, June 29, 2017
[3] Medicaid & Children’s Health Insurance Program (CHIP) Beneficiaries at a Glance, CMS Medicaid & CHIPHealth Care Quality measures, December 2019
[4] Ibid.
[5] https://hbot4kyvets.com/annual-hbot-reports/

TBI/PTSD Veterans in our Commonwealth, an annual $40,186 cost per TBI/PTSD Veteran (Table 2 in the Report) or $19.3 billion over 40-year lifespan (Table 3 in the Report). There are an estimated 877,450 U.S. brain-wounded post 9/11 service members across the US. "The VA estimates that the 10-year cost of caring for post-9/11 veterans with Traumatic Brain Injury (TBI) alone will be $2.4 billion from 2020 to 2029."[6]

Average cost to test and treat TBI/PTSD Kentucky Veterans is $24,626 in 2026 cost. The untreated, unemployed or unemployable Veterans estimated cost is $40,186 per year, that is an average cost savings of $15,520 if Veterans are returned to the workforce. This does not include savings in hospitalizations, medical interventions, pharmacology reductions, etc.

2024-2025 KDVA Monthly and Annual Advocacy and Outreach Reporting Metrics and Measurements

	July-December 2025						January-May 2026					
Advocacy and Outreach	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**2025-2026 Total**
JECVO Communications/Mtg	2	1	2	1	1	2	3	4	4	1	2	23
VHA/CBO Communications	1	1	0	0	1	0	0	0	1	1	0	5
KBIAA Communications	1	1	1	0	1	0	1	0	1	0	0	6
News Media Communications	1	0	1	1	1	1	1	1	6	2	4	19
JECVO/VSO Meetings	0	1	1	0	0	0	0	0	0	0	0	2
KY Legislative Communications	2	3	2	2	2	3	4	3	3	6	8	38
BIAA Capitol Hill March 2025	0	0	0	0	0	0	0	0	0	0	0	0
Initiatives Achieved	7	7	7	4	6	6	9	8	15	10	14	93

The Advocacy and Outreach Metrics and Measurements are designed to track and enhance visibility and understanding of the Hyperbaric Oxygen Therapy treatment program across multi-facet organizations across the state. June 2026 was not included in the reporting period as this report is deliverable prior to the end of June 2026 and reporting of elements are usually not completed until the 5th of the following month.

[6] Department of Veterans Affairs. (2019). Volume II, *Medical Programs and Information Technology Programs*, p. VHA-150,

There is a total of 7 elements with 11 monthly reporting periods for Advocacy and Outreach for a total of 77 individual reporting periods. We completed 93 reporting periods or 121% whereas communications were initiated to the varying organizations in varying periods. The top three communication entities were the KY Legislature 38 or 40.8%, JECVO with 23 or 24.7 % and News Media 19 or 20.4% of elements. Metrics and measurements are by design to be dynamic and fluid to capture and report value added elements. Upon review of elements if they are not producing desired outcomes, assessments should be conducted to change elements.

The three top elements accounted for 85.9% of communications. The focus on HB 369 enactment and extending 2024 $1.5 million state funding were the focus of communications. The VHA communications did not provide a single return from either the Lexington or Louisville VA facilities and there were no values extracted from our proactive communications either directly or during monthly VA Town Hall scheduled meetings. Our efforts with the VHA communications could be more limited in 2026/2027 because of the national VA not supporting HBOT treatments.

We will focus on those entities who have embraced our state approved and funded program and work with their partners to leverage their networks and ability to reach Veteran centric organizations outside of the VA network. We will work to expand the number of treatment facilities across Kentucky as well integrate a statewide marketing campaign in 3rd and 4th quarter 2026.

2024-2025 KDVA Monthly and Annual Education Reporting Metrics and Measurements

Education	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	2025-2026 Total
HBOT4KYVETS Material Distribution	1	1	1	1	2	2	3	2	2	1	1	17
KDVA Benefits Branch Field Offices Communications	0	0	0	0	0	0	0	0	1	0	1	2
KY Behavioral Health Communications	0	0	0	0	0	0	0	0	2	0	0	2
KY Speciality Courts Communications	0	1	1	2	2	2	2	2	1	1	1	15
KY Prison System Communications	0	0	0	0	0	0	0	0	0	0	0	0
Military Connected Community Communications	1	1	1	1	1	1	1	1	0	0	1	9
KDVA PIO Communications	0	0	0	0	0	0	0	0	1	1	1	3
Number of Education Initiatives Achieved	2	3	3	4	5	5	6	5	7	3	5	48
Total-Advocacy Outreach & Education	**9**	**10**	10	8	11	11	**15**	**13**	**22**	**13**	**19**	141

The Education Metrics and Measurements are designed to track and enhance visibility and understanding of the Hyperbaric Oxygen Therapy treatment program across multi-facet organizations across the state by education and sharing of medical, marketing, and research material. Actual HBOT treatments were not funded until July 1, 2024, but communications efforts began in June 2024. June 2026 was not included in the reporting period as this report is deliverable prior to the end of June 2026 and reporting of elements are usually not completed until the 5th of the following month.

There is a total of 7 elements with 11 monthly reporting periods for Advocacy and Outreach for a total of 77 reporting periods. We completed 48 reporting periods or 62.3% whereas educational material was initiated to or shared with the varying organizations are varying periods. The top three education entities were the KY HBOT Material Distribution with 17 (35.4%), Specialty Courts Communications with 15 (31.3%), and Military Connected Communications at 9 (18.7%) of the elements. The three top elements accounted for 85.4 % of education material. **For both Advocacy and Outreach and Educating Metrics, a total of 141 measurements were completed of the total 154 or 91.5% of total measurements.**

Public Relations and News Media

We have proactively approached news media outlets in Louisville and Lexington, the two largest Veteran demographic areas in the state with an estimated 60,000 Veterans in Louisville and 20,000 in the Lexington areas. This is approximately 30% of the total state Veteran population. We are working to bring awareness of the state approved and funded program for invisible wounded TBI/PTSD Veterans concerning the safety and efficacy of the alternative treatment program. The two news media events have proven to be effective in recruitment applicants, and we will continue to pursue this effort.

On September 24, 2024, WDRB Louisville broadcast a 4-minute video filmed at the Clark Regional Medical Center in Winchester, a service treatment partner in our program. It highlights how HBOT4KYVETS, Inc began its treatment program and what it is offering to TBI/PTSD Veterans. The full video may be viewed below.

Free treatment for veterans diagnosed with TBI accompanied with TBI/PTSD now available after $1.5 million in funding.
https://www.wdrb.com/in-depth/free-treatment-for-veterans-with-ptsd-now-available-after-1-5-million-in-kentucky-funding/article_e658164c-781d-11ef-ab5d-f7a8f037df60.html

On April 15, 2025, Fox 56 in Lexington broadcast a 4-minute video filmed at the Norton Clark Hospital in Jeffersonville, IN, a service treatment partner in our program. One of the TBI Veterans completing treatments was interviewed on the safety and efficacy of the treatment program. The full video may be viewed here.

https://fox56news.com/news/kentucky/healing-hidden-wounds-kentucky-veterans-find-hope-in-hyperbaric-oxygen-therapy/

We developed a 10-minute video that provides a generalized summary of a HBOT treatment program and how it is administered. That video may be viewed here.

https://www.youtube.com/watch?v=EwFTvnwKPKg&t=373s

Jennie Stuart Medical Center in Hopkinsville, KY is our fourth treatment facility partner released this WKDZ 106.5 FM radio broadcast on February 21, 2025, and you may listen to the conversation here.

https://www.wkdzradio.com/2025/02/21/jennie-stuart-health-offering-hyperbaric-therapy-to-vets/news-edge/

State and National HBOT Legislation

We have helped to enact HBOT legislation in 14 states since 2014 when Oklahoma enacted the first HBOT bill for TBI/PTSD Veterans. A summary of the state-by-state enactments may be viewed here. https://treatnow.org/knowledgebase/the-national-treatnow-summary-of-state-by-state-hyperbaric-oxygen-therapy-hbot-legislative-and-resolution-effort-10-23-2023/. North Dakota, Tennessee, Missouri, and Kentucky enacted HBOT legislation in 2026.

What do we need? Of the 14 states who have HBOT enacted, 1,955 to 5 state House and Senate members voted in favor for HBOT. We request our state leaders to speak with the US Congressional caucus members and request funding through the VA Research budget to treat TBI/PTSD Veterans. Reimbursement of state budgets providing lifesaving treatments aligns with the U.S. Veterans' Bureau War Risk Insurance Act of 1924. State reimbursement of HBOT treatments from the federal government/VA should be a priority in 2026/2027 if no federal funding is provided under federal statutes.

2025/2026 HBOT State Legislative Session Efforts Underway

The states listed below are in addition to the 14 states (OK, IN, AZ, TX, KY, FL NC, WY, MD, VA, MO, ND, TN) which have enacted HBOT legislation since 2014. Seven of the enacted HBOT states are funding $33 million in HBOT treatments. The widespread efforts across the entire US to enact HBOT legislation and treat our invisible wounded Veterans with safe and effective treatments that the Israeli Defense Force has approved for the past decade. Status on drafting, discussion and or HBOT bills being submitted for review. Current 2026 state legislative sessions HBOT efforts to include the following:

1. **Indiana-**BG Jim Bauerle, bgjimbauerle@gmail.com
   HB 1120 extends HBOT Pilot Program for TBIU/PTSD Veterans beyond the June 30, 2025, end date.
   SB0206 Indiana Dept of VA to administer funding of treatment program for TBI/PTSD Veterans
   Indiana was the first state to appropriate $1M in HBOT funding for TBI/PTSD Veterans. The above bills provide additional funding to extend the program into an ongoing program with funding through "The Military Family Relief Fund." The fund receives revenue from Veterans who purchase military specialty license plates.
2. **Iowa-**Lori Stiles, loristiles.osv@gmail.com. 515-321-6615 cell
   HF 326 is now HF 518 drafted, passed Sub-committee and Committee. It has passed out of VA Committee on Feb. 18th, was stalled in House Appropriations Committee with $5M funding. The bill was re-introduced in January 2026 legislative session but did not make it out of Committee. It is planned to be reintroduced in 2027..
3. **Michigan-**Kevin Hensley-hensleyk75@yahoo.com, 478-334-0051 cell
   HBOT bill HB 5146/5147 was introduced in the House and has been modified, and it migrated out of Veteran Affairs Committee, and both passed by the House Michigan has a full year legislative session and both bills are working through the Senate as of this date of reporting.
4. **Missouri-**Dale Lutzen dlutzen@gmail.com, 402-312-7895 cell

HB 262 has passed through the rules committee, the House and Senate and was signed by the Governor. **$5 million** has been requested in the budget for HB 262 and will be introduced in 2027. Senate vote 31 Yea-2 Nay, House Vote 156 Yea-Nay 1

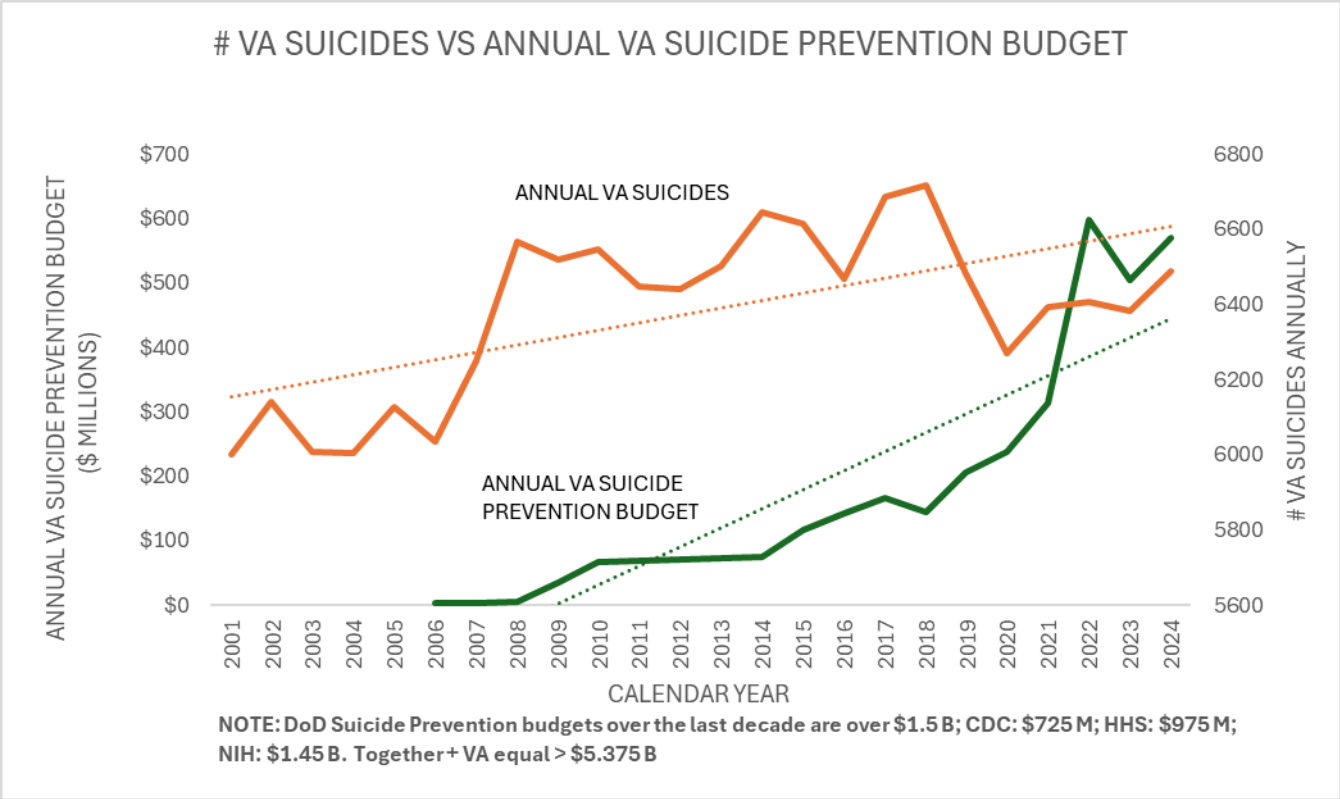
5. **North Dakota-** HCR 3011 was enacted and signed by Governor in 2026 which urges US Congress to provide Veterans medical coverage for HBOT treatments. No roll call vote counts available.
6. **New Jersey-**AJR 178 was introduced with 10 sponsors which urges US Dept VA to study the use of HBOT treatment for TBI/PTSD Veterans. The bill did not make it out of the Military and Veterans' Affairs Committee.
7. **New York**-Joel Goldstein-jgoldstein@thefartfoundation.org, 845-797-7869 cell
   Bills S01715/. A01869 drafted, establishes 5-year pilot study to provide HBOT to TBI/PTSD Veterans, working funding efforts with Veteran Affairs Committee Chairman, bill working through House and Senate Committees. NY has full year legislative session.
8. **Oregon-**Connie Hunter, Hunter-connie.hunter@oregonlegislature.gov, 602-541-5903 cell
   HB 3460 drafted, working on language changes as it migrates through Joint Committee on Ways and Means. Bill is still in Committee review.
9. **Tennessee-**HJR0001-Signed by the Governor and enacted on May 5, 2025. Resolution to US Congress to enact legislation to expand and improve efforts to treat TBI and PTSD Veterans.
10. **Texas**-Dr. Joseph McCoy, McCoy-jmccoy@vpsrgv.com, 956-882-0385 cell, Adding funding to HB 271 enacted in 2017. HB 217 established the Veterans' Recovery Pilot Program to provide HBOT in 2017 without funding.
11. **Idaho, Utah, Ohio, Pennsylvania, and Alaska** currently have legislative organizing efforts underway. We have efforts in Kansas and Washington which are not on the map as of this date.

Preventing Suicides and Restoring Families

The National DoD/VA military suicide rates have remained largely unaffected by the US suicide prevention strategy over the course of the past 23 years. Specifically, in the past six-year there has been 15 published "suicide prevention" strategies, directions or goals. Included in these are document provided by US Congress, the White House, CDC, NIH, DoD and several military services. The CDC, in the 2024 National Strategy for Suicide Prevention and the Veterans Administration in the 2023 National Suicide Prevention Annual Report, and the published 2021 book, The National Brain-Wounded Veteran Brain Drain have confirmed these results.

- There are no FDA approved drugs for TBI, yet hundreds are prescribed off label without any measure on its negative impact to human health.
- Over 847 million opioid pills delivered to TBI/PTSD Veterans in the VA (DEA.gov) from 2006 to 2014 as reported in 2021 published The National Brain Wounded Veteran Brain Drain book.
- Veterans suffering from TBI/PTSD symptoms over prescribed with video testimonials on their treatments and outcomes on the YouTube video testimonial section.
- Over 1.1 million battlefield and combat related deaths since the Civil War with the Iraq and Afghanistan conflicts reporting the lowest combat deaths since 1861 of 7,057 but over 270,000 suicides and opioid deaths in the last 23 years.
- Since 2003, we are experiencing two parallel Veteran epidemics in suicides and opioid use deaths directly related to the invisible TBI/PTSD brain injuries.
- Irritable Heart, Shell Shock, Combat Fatigue, PTSD, Gulf War Syndrome, 155-years of undiagnosed and mis-diagnosed TBIs but thinking Veterans have mental health issues versus the invisible physical brain injuries (concussions/TBI/PTSD/PPCS.

- Talk therapies and off-label prescription medications for TBI/PTSD decimate the Veteran community with over 163,000+ suicides
- 25-year suicide prevention strategy which has not changed or pivoted to new medical proven and demonstrated safe and effective alternative treatment like Hyperbaric Oxygen Therapy (HBOT)
- Over 98 percent of the current pharmacologic treatment for TBI and PTSD are off label. Yet, treating TBI with off-label drugs, processes, devices, and protocols not approved by the FDA for TBI/PTSD is a continuing formula for failure to prevent, much less reverse, the TBI Veteran suicide and opioid epidemics. Failures of a growing number of psychological interventions have also proved ineffective in reversing the suicide epidemic. Costs and suicides continue to escalate.
- The chart below reflects over $3.3 billion expended on suicide prevention by VA with no significant improvement for the invisible wounded TBI Veterans. A total of $5.3 billion expended by DoD, VA, CDC, HHS, NIH.



The chart was compiled from data extracted from VA Budget Submittals to the US Congress and from VA.gov

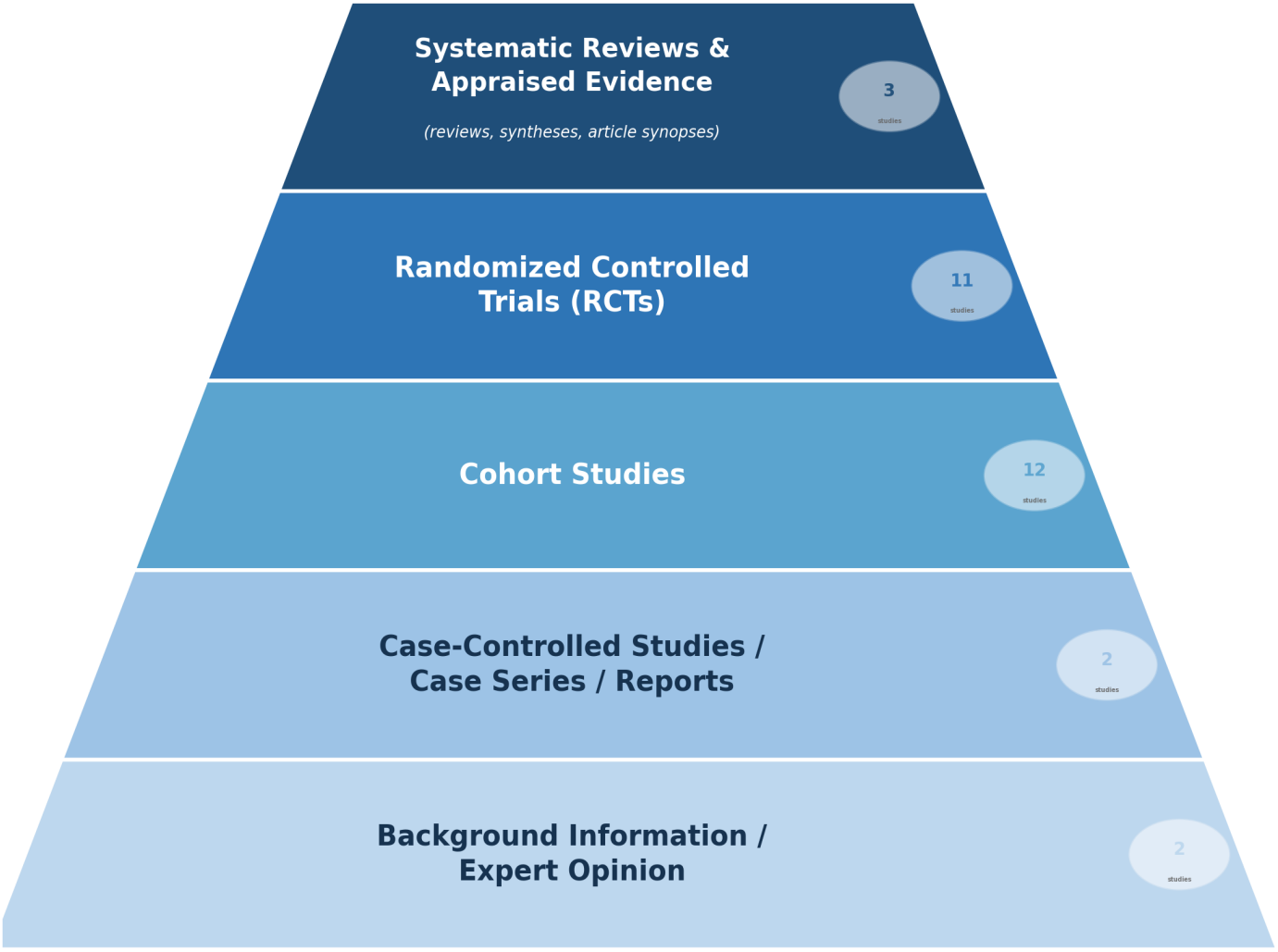
Amplifying 2026 Results and Scientific Medical Evidence

- North Carolina has published similar HBOT reports and they may be viewed here.
- The mounting and compelling worldwide medical and scientific evidence coupled with demonstrated TBI/PTSD Veterans receiving HBOT treatments and healing is profound.
- Over 31,000 U.S. patient successes, including 12,500+ TBI/PTSD treated Veterans, over 500 Navy SEALS through the TreatNOW Coalition of 180+ independent HBOT treatment clinics across the U.S.
- HBOT treatment approved and deployed by Israeli Defense Force (IDF) for over a decade for TBI/PTSD Veterans and citizens through The Sagol Center for Hyperbaric Medicine and Research at Shamir Medical Center. This is formerly Assaf Harofeh Medical Center, the largest HBOT center worldwide treating over

200 patients per day. A leader in the pioneering research on novel indications of hyperbaric medicine for cognitive and physical rehabilitation and performance. **HBOT is considered such a fundamental necessity for the population of Israel that they have recently built a large underground HBOT treatment facility because of the prevalence of BLAST damage to Veterans and humans.**

- The 1990 Textbook of Military Medicine has recommended with evidence of Arterial Air Embolism HBOT for Blast Exposure TBIs for 36-years.
- 14 states enacted HBOT legislation for TBI/PTSD Veterans, 7 states funding approximately $33 million in treatments since 2014.
- HBOT is FDA approved for biologically repairing and regenerating human tissue and is already on label as an approved indication for Wound Healing..
- A total of 30 clinical trials and studies to include a total of 900+ successful Veteran/patient medical outcomes since 2007 is depicted in the chart below in published scientific medical evidence.

19-Years of Proven Safe and Effective HBOT Clinical Trail Treatments for TBI/PTSD



TOTAL: 30 HBOT Studies for TBI / PTSD

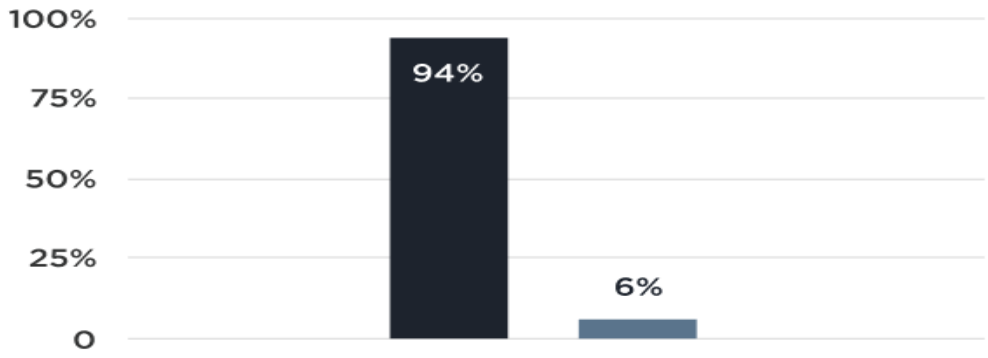
- Evidence-Based Practice (EBP) ranks study designs by rigor. The pyramid below reflects the NHMRC hierarchy — higher tiers indicate stronger methodology and reduced bias. HBOT for TBI/PTSD is supported by evidence spanning every level, with strength at Levels 1 and 2.
- The pyramid seeks to answer the question: "What is 'the best available evidence'"? The hierarchy of evidence is a core principle of Evidence-Based Practice (EBP) and attempts to address this question. The evidence hierarchy takes a top-down approach to locating the best evidence. First search for a recent well-conducted systematic review. Continue down through available evidence.
- EBP hierarchies rank study types based on the rigor (strength and precision) of their research methods. Different hierarchies exist for different question types, and even experts may disagree on the exact rank of information in the evidence hierarchies. The following image represents the hierarchy of evidence provided by the National Health and Medical Research Council (NHMRC), https://canberra.libguides.com/c.php?g=599346&p=4149721.
- HBOT is already FDA approved for five brain injuries: Carbon Monoxide poisoning, arterial gas embolism, cerebral decompression sickness, intracranial abscess, and non-healing wounds
- HBOT is approved and on label for 14 FDA indications, breathing 100% medical grade FDA approved drug called “oxygen”, under pressure, in FDA approved HBOT chambers.
- The National Brain Injury, Rescue, and Rehabilitation (NBIRR) Study post HBOT results include Nearly a 15-point IQ increase (difference between H.S. drop out and college graduate), 51% reduction in depression with virtual elimination of Suicide Ideation, 30% improvement in PTSD symptoms 87% headache reduction, 64% reduction in prescriptions, 96% functional emotional improvement and significant reduction in anger issues.
- Palliating TBI/PTSD Symptoms with off-label drugs has contributed to over 163,000 Veteran Suicides and another 109,000+ opioid deaths

Broad Support Among Veterans for Alternative Treatments

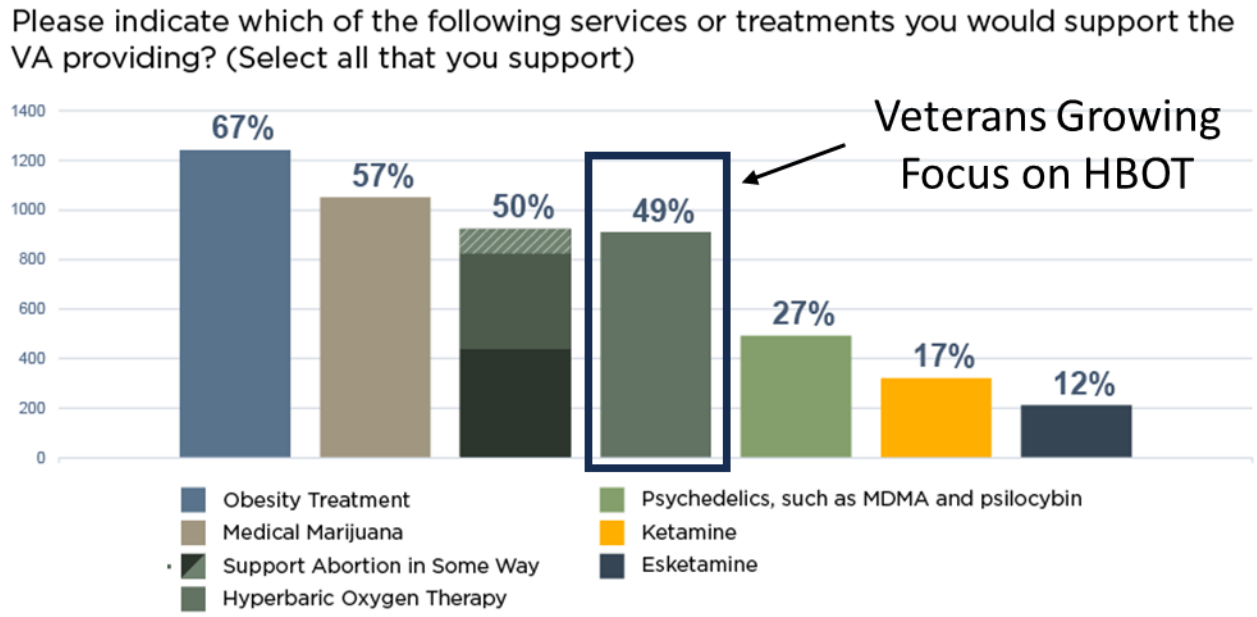
Mission Roll Call is a national, nonpartisan 501(C)(3) located at https://missionrollcall.org/veteran-voices/polls/. They partner with our network of Veterans, their families, supporters, and Veteran service organizations in our coalition to advocate for positive change in the lives of all veterans. As seen in the poll results below, in general the respondents to our survey overwhelmingly support the inclusion of novel treatments for ailments.

Mission Roll Call is working with serval partners to introduce initiatives to help Veterans where the research and results support it. Highlight just one issue below, the studies on Hyperbaric Oxygen Therapy are promising and merit further support from Congress and the VA. Nearly 2,000 responses from all 50 states, and 95% of respondents are either a Veteran or family member of a Veteran.

Do you think the VA should allow Veterans with service-connected mental health challenges to access the mental health provider of their choice, even if not in the VA system?



Yes-94% No-6%



Note: A total of 49 percent of Veterans support having Hyperbaric Oxygen Therapy as a treatment option within the VA.

Community Care is the lightning rod issue in Washington, falling along partisan lines. On the one hand, many Veterans struggle to access VA care for various reasons, from lack of specialist in their local area, to excessive travel times, to lengthy wait times. Community care efforts are intended to empower the Veteran to be their own best advocate in what care makes the most sense for them.

On the other hand, a formidable group of lawmakers and some VSOs are concerned that community care is akin to privatizing the VA, and risks removing the VA's oversight role in delivering the best care possible for Veterans.

Our interactions with Veterans through our polling and discussions informs our position that there is no one size fits all solution with the community care debate. Many veterans are perfectly happy with the care and services

the VA provides; many others are extremely dissatisfied with the VA, often for reasons connected to lack of timeliness, options, or flexibility. **Sadly, less than half of Veterans across America are registered in the VHA.**

The published medical evidence and financial benefits of HBOT for Veterans for both on and off label indications is compelling. FDA, CMS and Tricare approved HBOT indications are not routinely prescribed and or offered to Veterans as shared in the 2022 VA data report and the TreatNOW report to the US Congress in October 2022. There are by recent accounting over 66,000 Veteran Service Organizations (VSOs) around the country providing some level of service and support for Veterans and their families. If the service needs of our men and woman who served are being met, why have 66,000 VSOs surfaced across the country? Through the TreatNOW organization we have a national network or clinics, medical doctors, nurses, HBOT technicians and advocates working daily to reduce the Veteran suicide epidemic that has engulfed our invisible wounded Veterans. They are producing results with only one reported suicide in treating over 12,500 TBI/PTSD service members since 2008.

The current VA 172 hospitals and 1,100+ clinics across the country do not operate a single HBOT chamber for providing HBOT services to Veterans as shared by Dr. Steven Lieberman, Under Secretary of Health in the 2022 data report. There are no plans to integrate HBOT services into the VA into the foreseeable future. Consequently, these services are required to be provided through the Community Care Network (CCN) partnered with the VA. The average age of diabetic Veterans in the VA system from 2001 to 2022 was 66.2 years, making them all eligible for Medicare HBOT coverage and a zero cost to the VA. The VA data report in 2022 indicated only 6% of Veterans were provided or informed about the FDA, CMS or Tricare approved HBOT indications (see Appendix C) in the CCN from 2001 to 2022.

According to the 2024 re-distributed report, "The Veteran Diabetic Foot Ulcer (DFU) Epidemic: A U.S. Department of Veterans Health Administration (VHA) Hyperbaric Oxygen Therapy (HBOT) Services Review", 796,340 Veterans have died from 2001 to 2022 diagnosed with Diabetic Foot Ulcers (DFU) that resulted in Lower Limb Amputations (LLA). The report reflects 64-71% of LLA Veterans die within three years post LLA surgeries. HBOT is an approved FDA, CMS, and Tricare approved indication for DFUs since 2002 and worldwide data reflects 74% of DFUs are healed if HBOT treated timely, thus avoiding LLAs and death.

There is a need for the U.S. House and Senate Veteran Affairs Committee Chairs to begin investigating why HBOT services for on and off label indications is not being routinely offered or provided to Veterans in need of approved and alternative treatments. Our service men and woman deserve the best care we can provide as a nation, and we are failing our invisible TBI/PTSD wounded and DFU Veterans.

APPENDIX A

HBOT4KYVETS, Inc Board of Directors

Eric Koleda

President, Director, Co-Founder, Veteran, Author, Advocate (ewk7405@aol.com/502-939-1300 cell)

In 1973 Eric Koleda enlisted in the USAF and served until 1977 on C-130's and was honorable discharged as Vietnam Era Veteran. He received his Airframe and Powerplant FAA license from Teterboro School of Aeronautics, NJ in 1979 and began his airline career. Eric re-entered the USAF Reserves from 1980-1986 flying the C-141B aircraft and received his FAA Flight Engineer license. Eric worked within the airline industry for 35 years with four different air carriers, the last air carrier being UPS Airline as a startup management team member in 1988. He held varying management positions and levels of responsibilities in Quality Assurance and Quality Control, Line Operations, Finance, Procurement, Domestic and International Major Maintenance, and Airline Safety, retiring in 2013 after 26 years. Founder and President of Advance Aviation, LLC, an aviation consulting business for two years. Director and Co-founder of HBOT4KYVETS since 2018. Inc. Currently works as National Director, TreatNOW Coalition State Legislative Efforts. Published and co-authored **The National Brain-Wounded Veteran Brain Drain** with Dr. Robert Beckman in 2021. Holds BS and MBA degrees from Embry-Riddle Aeronautical University. Currently serves has President and Co-Founder of HBOT4KYVETS, Inc. managing the daily operations and funding efforts.

Eunice Van Winkle Ray

Director, Co-Founder, Publisher

In 1976, Eunice Ray began her work in publishing at a startup city magazine in Louisville, Kentucky the **Louisville Today Magazine**. In 1981, as a young mother, she ran for the Kentucky General Assembly. She was subsequently appointed, by then County-Judge Executive, Mitch McConnell, to the Jefferson County Housing Authority. In April of 1988, she served on the Finance Committee in Kentucky for Bush's Victory 88, in support of the election of George H. W. Bush for president. In 1991, Eunice was appointed by Secretary of Defense Dick Cheney to the Defense Advisory Committee on Women in the Service (DACOWTS), a 3-year, 3-Star Pentagon appointment to address the role of women in the Armed Forces post Desert Shield, Desert Storm. In 1996, Eunice co-founded RSVP America, a national grassroots campaign to Restore Social Virtue and Purity to America. Eunice founded First Principles Press, Inc., a not-for-profit educational organization that publishes historical and scholarly works. Today she serves as the president of First Principles. In 2018, she initiated and secured legislation to provide hyperbaric oxygen for Kentucky veterans with traumatic brain injury and was appointed by the governor to the state Council on Alzheimer's, Dementia and Autism. Eunice is currently working to establish the Colonel Ronald D. Ray Library of American History.

Dr. Linda Jeffrey, Ed. D

Director

April 2000 to the present. Director of Research, First Principles Press, Inc. First Principles is a nonprofit ministry whose goal is to restore God's Law to American public policy. My responsibilities include historical and legal research, writing, and preparing educational materials for briefings to military and legislative American leadership. I have prepared research monographs and white papers for publication in house, and for other Christian family advocacy groups. Projects have addressed Christian prayer and Exemplary Conduct in the U.S. military, development of materials for churches to teach our Christian Foundations in American History and writing an online version of The Bible in History and Literature, a project we developed for the National Council on Bible Curriculum in Public Schools. I am a certified teacher and have taught in grades 7-12.

Dr. Jeffery holds a B.S., Biology, George Peabody College for Teachers, 1975, Nashville, Tennessee, M.S., Natural Science, George Peabody College for Teachers, 1976, through a grant from the National Science Foundation Leadership Development Program, B.S., Physician Assistant Program, Trevecca Nazarene College, Nashville, Tennessee, 1978. Doctor of Education, Curriculum and Instruction, Department of Occupational Training and Development, University of Louisville, May 2000. Dissertation.

Pat Fox

Director, Veteran, Advocate

Pat joined the U.S. Army in November of 1980 as an enlistee and after 5-years of service was honorably discharged as a E-5 Sergeant. While completing and earning his degree in Business, Pat was in the Army Reserves and ROTC Program. He was commissioned as a Second Lieutenant in 1989 and was assigned into the Aviation Division as a UH-1 helicopter pilot in 1991 in the Army Reserves. After US Army flight school, Pat started his civilian career in Sales and Sales Management while still in the Reserves. Pat became involved in Veteran Non-Profits in 2019 as Executive Director with Active Heroes and now serves on the HBOT4KYVETS, Inc. Board

APPENDIX B

2018 HB 64 (KRS 217.930 to 217.942)

As used in KRS 217.930 to 217.942:

1. (1) "Eligible patient" means a veteran who meets the requirements of KRS 217.934;
2. (2) "Health care provider" means a licensed physician, a licensed advanced practice registered nurse, or a licensed physician assistant;
3. (3) "Health facility" has the same meaning as in KRS 216B.015;
4. (4) "Hyperbaric oxygen therapy" or "HBOT" means inhalation of one hundred percent (100%) oxygen in a total body chamber, where atmospheric pressure is increased and controlled, applicable to the prevention, treatment, or cure of a disease or condition of human beings;
5. (5) "Traumatic brain injury" has the same meaning as in KRS 211.470;
6. (6) "Veteran" has the same meaning as in KRS 40.010; and
7. (7) "Written informed consent" means a written document that meets the requirements of KRS 217.936.

Effective: July 14, 2018

History: Created 2018 Ky. Acts ch. 14, sec. 1, effective July 14, 2018.

Legislative Research Commission Note (7/14/2018). 2018 Ky. Acts ch. 14, sec. 8, provides that 2018 Ky. Acts ch. 14 may be known as the "Colonel Ron Ray Veterans Traumatic Brain Injury Treatment Act." This statute was created in Section 1 of that Act.

217.932 Health care provider or health facility to provide hyperbaric oxygen therapy to eligible patients upon request.

1. (1) A health care provider or health facility shall make hyperbaric oxygen therapy available to an eligible patient who has requested it pursuant to KRS 217.930 to 217.942.
2. (2) The health care provider or health facility may:
    1. (a) Provide hyperbaric oxygen therapy without receiving compensation; or
    2. (b) Require an eligible patient to pay the costs of or the costs associated with hyperbaric oxygen therapy.

    Effective: July 14, 2018

    History: Created 2018 Ky. Acts ch. 14, sec. 2, effective July 14, 2018.

    Legislative Research Commission Note (7/14/2018). 2018 Ky. Acts ch. 14, sec. 8, provides that 2018 Ky. Acts ch. 14 may be known as the "Colonel Ron Ray Veterans Traumatic Brain Injury Treatment Act." This statute was created in Section 2 of that Act.

217.934 Veterans are eligible patients -- Criteria.

A veteran shall be an eligible patient for hyperbaric oxygen therapy if he or she has:

1. (1) A diagnosis of traumatic brain injury that is attested to by the patient's treating health care provider;
2. (2) A prescription for hyperbaric oxygen therapy written by his or her treating health care provider; and
3. (3) Given written informed consent for the use of HBOT in accordance with KRS 217.936.

Effective: July 14, 2018

History: Created 2018 Ky. Acts ch. 14, sec. 3, effective July 14, 2018.

Legislative Research Commission Note (7/14/2018). 2018 Ky. Acts ch. 14, sec. 8, provides that 2018 Ky. Acts ch. 14 may be known as the "Colonel Ron Ray Veterans Traumatic Brain Injury Treatment Act." This statute was created in Section 3 of that Act.

217.936 Written informed consent required for hyperbaric oxygen therapy treatment.

1. (1) A veteran or a veteran's legal guardian shall provide written informed consent for treatment with hyperbaric oxygen therapy in order to receive HBOT to treat traumatic brain injury.
2. (2) At a minimum, the written informed consent shall include:

(a) An explanation of the currently approved products and treatments for the traumatic brain injury from which the veteran suffers;

(b) A description of the potentially best and worst outcomes of using hyperbaric oxygen therapy and a realistic description of the most likely outcome;

(c) A statement that the veteran's health plan or third-party administrator and provider shall not be obligated to pay for any care or treatments consequent to the use of hyperbaric oxygen therapy unless they are specifically required to do so by law or contract; and

(d) A statement that the veteran understands that the patient shall be liable for all expenses related to the use of hyperbaric oxygen therapy.

3. (3) The description of potential outcomes required under subsection (2)(b) of this section shall:
    1. (a) Include the possibility that new, unanticipated, different, or worse symptoms may result and that the proposed treatment may hasten death; and
    2. (b) Be based on the treating health care provider's knowledge of the proposed treatment in conjunction with an awareness of the veteran's condition.
4. (4) The written informed consent shall be:
    1. (a) Signed by:
        1. The veteran; or
        2. A legal guardian, if a guardian has been appointed for the veteran; and
    2. (b) Attested to by the veteran's treating health care provider and a witness.

Effective: July 14, 2018

History: Created 2018 Ky. Acts ch. 14, sec. 4, effective July 14, 2018.

Legislative Research Commission Note (7/14/2018). 2018 Ky. Acts ch. 14, sec. 8, provides that 2018 Ky. Acts ch. 14 may be known as the "Colonel Ron Ray Veterans Traumatic Brain Injury Treatment Act." This statute was created in Section 4 of that Act.

217.938 Insurance coverage for hyperbaric oxygen therapy.

1. (1) KRS 217.930 to 217.942 shall not:
    1. (a) Expand the coverage required of an insurer;
    2. (b) Affect the requirements for insurance coverage of routine patient costs for veterans involved in hyperbaric oxygen therapy;
    3. (c) Require a health plan, third-party administrator, or governmental agency to pay costs associated with the use of hyperbaric oxygen therapy; or
    4. (d) Require a hospital or health facility to provide new or additional services.
2. (2) A health plan, third-party administrator, or governmental agency may provide coverage for the cost of hyperbaric oxygen therapy under KRS 217.930 to 217.942.
3. (3) A hospital or health facility may approve the use of hyperbaric oxygen therapy in the hospital or health facility.

    Effective: July 14, 2018

    History: Created 2018 Ky. Acts ch. 14, sec. 5, effective July 14, 2018.

    Legislative Research Commission Note (7/14/2018). 2018 Ky. Acts ch. 14, sec. 8, provides that 2018 Ky. Acts ch. 14 may be known as the "Colonel Ron Ray Veterans Traumatic Brain Injury Treatment Act." This statute was created in Section 5 of that Act.

217.940 Actions prohibited to be taken against health care provider regarding hyperbaric oxygen therapy.

1. (1) A licensing board shall not revoke, fail to renew, suspend, or take any action against a licensed health care provider based solely on the health care provider's recommendations to an eligible patient regarding access to or treatment with hyperbaric oxygen therapy.
2. (2) The Cabinet for Health and Family Services shall not take action against a health care provider's Medicare or Medicaid certification based solely on the health care provider's recommendation that an eligible patient have access to hyperbaric oxygen therapy.

    Effective: July 14, 2018

    History: Created 2018 Ky. Acts ch. 14, sec. 6, effective July 14, 2018.

    Legislative Research Commission Note (7/14/2018). 2018 Ky. Acts ch. 14, sec. 8, provides that 2018 Ky. Acts ch. 14 may be known as the "Colonel Ron Ray Veterans Traumatic Brain Injury Treatment Act." This statute was created in Section 6 of that Act.

217.942 State official, employee, or agent prohibited from blocking access to hyperbaric oxygen therapy.

1. (1) An official, employee, or agent of the Commonwealth of Kentucky shall not block or attempt to block an eligible patient's access to hyperbaric oxygen therapy.
2. (2) Counseling, advice, or a recommendation consistent with medical standards of care from a licensed health care provider shall not be considered a violation of subsection (1) of this section.

    Effective: July 14, 2018

    History: Created 2018 Ky. Acts ch. 14, sec. 7, effective July 14, 2018.

Legislative Research Commission Note (7/14/2018). 2018 Ky. Acts ch. 14, sec. 8, provides that 2018 Ky. Acts ch. 14 may be known as the "Colonel Ron Ray Veterans Traumatic Brain Injury Treatment Act." This statute was created in Section 7 of that Act.

26 RS HB 369/GA

AN ACT relating to veteran treatment for post-traumatic stress disorder. ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

®Section 1. KRS 217.930 is amended to read as follows:

As used in KRS 217.930 to 217.942:

(1) "Eligible patient" means a veteran who meets the requirements of KRS 217.934;

(2) "Health care provider" means a licensed physician, a licensed advanced practice registered nurse, or a licensed physician assistant;

(3) "Health facility" has the same meaning as in KRS 216B.015;

(4) "Hyperbaric oxygen therapy" or "HBOT" means inhalation of one hundred percent (100%) oxygen in a total body chamber, where atmospheric pressure is increased and controlled, applicable to the prevention, treatment, or cure of a disease or condition of human beings;

(5) *"Post-traumatic stress disorder" means a mental health condition caused by an extremely stressful or terrifying event that is diagnosed by a qualified mental health care provider using criteria as set out in the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders;*

(6) "Traumatic brain injury" has the same meaning as in KRS 211.470;

(7) "Veteran" has the same meaning as in KRS 40.010; and

(8) "Written informed consent" means a written document that meets the requirements of KRS 217.936.

®Section 2. KRS 217.934 is amended to read as follows:

A veteran shall be an eligible patient for hyperbaric oxygen therapy if he or she has:

(1) A diagnosis of traumatic brain injury ***or post-traumatic stress disorder*** that is attested to by the patient's treating health care provider;

(2) A prescription for hyperbaric oxygen therapy written by his or her treating health care provider; and

Given written informed consent for the use of HBOT in accordance with KRS 217.936.®Section 3. KRS 217.936 is amended to read as follows:

(1) A veteran or a veteran's legal guardian shall provide written informed consent for treatment with hyperbaric oxygen therapy in order to receive HBOT to treat traumatic brain injury ***or post-traumatic stress disorder***.

(2) At a minimum, the written informed consent shall include:

(a) An explanation of the currently approved products and treatments for the traumatic brain injury ***or post-traumatic stress disorder*** from which the veteran suffers;

(b) A description of the potentially best and worst outcomes of using hyperbaric oxygen therapy and a realistic description of the most likely outcome;

(c) A statement that the veteran's health plan or third-party administrator and provider shall not be obligated to pay for any care or treatments consequent to the use of hyperbaric oxygen therapy unless they are specifically required to do so by law or contract; and

(d) A statement that the veteran understands that the patient shall be liable for all expenses related to the use of hyperbaric oxygen therapy.

(3) The description of potential outcomes required under subsection (2)(b) of this section shall:

(a) Include the possibility that new, unanticipated, different, or worse symptoms may result and that the proposed treatment may hasten death; and

(b) Be based on the treating health care provider's knowledge of the proposed treatment in conjunction with an awareness of the veteran's condition.

(4) The written informed consent shall be:

(a) Signed by:

1. The veteran; or

2. A legal guardian, if a guardian has been appointed for the veteran; and

(b) Attested to by the veteran's treating health care provider and a witness.

APPENDIX C

FDA. UHMS, CMS and Tricare Approved HBOT Indications

Medical Condition	U.S. Food and Drug Administration (A)	Undersea and Hyperbaric Medical Society (B)	Centers for Medicare and Medicaid Services (C)	TRICARE (D)
1. Decompression Sickness	X	X	X	X
2. Air or Gas Embolism	X	X	X	X
3. Carbon Monoxide or Cyanide Poisoning	X	X	X	X
4. Crush Injury, Compartment Syndrome and other traumatic peripheral Ischemia's	X	X	X	X
5. Compressed Tissues and Flaps	X	X	X	X
6. Delayed Radiation Injury (Soft Tissue and Bone)	X	X	X	X
7. Acute thermal Burns	X	X		
8. Gas Gangrene (Clostridial Myositis and Myonecrosis)	X	X	X	X
9. Necrotizing Soft Tissue Infections	X	X	X	X
10. Enhanced Healing of Select Problem Wounds, Including Diabetic Ulcers	X	X	X	X
11. Refractory Osteomyelitis	X	X	X	X
12. Intracranial Abscess	X	X		
13. Exceptional Blood Loss Anemia	X	X		X
14. Central Retinal Artery Occlusion		X		
15. Acute Peripheral Arterial Ischemia			X	
16. Refractory Actinomycosis			X	

Note 1: Column A based on FDA and CDRH Approval of Hyperbaric Oxygen Chamber label, K100268, April 2010, 13 indications

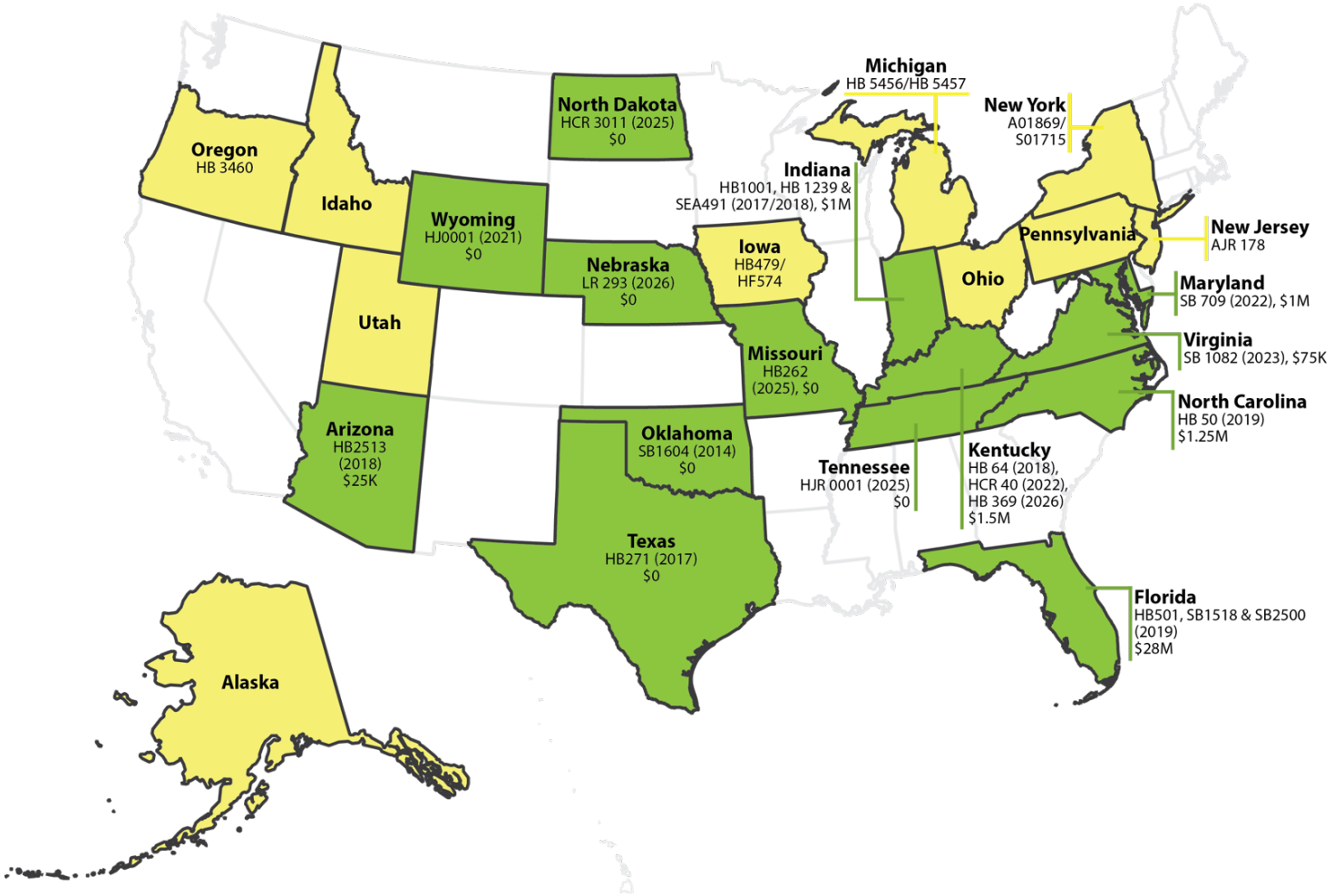
Note 2: Column B based on UHMS Hyperbaric Oxygen Therapy indications 12th ed. December 2008, 14 indications

Note 3: Column C based on CMS, Medicare Coverage Issues Manual Section 35-10, 2002, 12 indications

Note 4: Column D based on Tricare Policy Manual 6010-57-M, Chapter 7, Section 20, February 1, 2008, 11 indications

Appendix D

The US National Hyperbaric Oxygen Therapy (HBOT) State by State Legislative Initiative



- The green states represent 14 HBOT enacted states, 7 of which have funded over $32 million in HBOT treatments
- The yellow states represent 10 legislative states in work with bills either drafted, in work, or in discussion with advocates within each of these states
- Twenty-four (24) total HBOT legislative effort states represent an estimated 195 million Americans, 58% of the US population, 10.8 million Veterans, 65% of the total US Veteran population. Over half of all Americans and nearly two-thirds of US Veterans now live in HBOT active (enacted and drafting) states.