



PRESIDENTIAL DOCUMENTS

EXECUTIVE ORDER [NUMBER] OF [DATE], 2026

Expanding Access to Stellate Ganglion Block Treatment for Veterans and Service Members With Post-Traumatic Stress Disorder

By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 301 of title 3, United States Code, and consistent with the VA MISSION Act of 2018 (Public Law 115-182), section 1703 of title 38, United States Code, and section 7304 of title 38, United States Code, it is hereby ordered as follows:

Section 1. Purpose.

An average of 17 United States veterans die by suicide each day. As a Nation, we have a solemn obligation to care for those who have borne the battle, and we are failing to meet it. Since September 11, 2001, more post-9/11 service members and veterans have died by suicide—30,177, according to Brown University’s Costs of War Project—than the 7,057 killed in post-9/11 combat operations. Post-traumatic stress disorder (PTSD) affects an estimated 11 to 20 percent of veterans of Operations Iraqi Freedom and Enduring Freedom and more than 1.3 million veterans in their lifetimes.

The first-line PTSD treatments currently offered by the Department of Veterans Affairs (VA)—selective serotonin reuptake inhibitors, prolonged exposure therapy, and cognitive processing therapy—produce a clinically significant response in approximately half of patients, often only after weeks or months of treatment, with reported dropout rates of 20 to 40 percent. A substantial additional share of veterans with PTSD never seek or complete treatment. The status quo is insufficient. A proven, safe, and rapidly effective alternative exists, and it is the duty of the Federal Government to make it available to every veteran who needs it.

Sec. 2. Policy.

It is the policy of the United States that no veteran diagnosed with PTSD shall be denied timely access to Stellate Ganglion Block (SGB) treatment because of the inaction of the Federal Government. SGB—a minimally invasive outpatient procedure used safely in medicine for more than a century—is supported by a multisite, blinded, sham-controlled randomized clinical trial published in *JAMA Psychiatry* (Rae

Olmsted et al., 2019), by a case series of 166 active-duty service members demonstrating approximately 70 percent response rate (Mulvaney et al., *Military Medicine*, 2014), and by preliminary VA case series data. Further evidence development is ongoing, including a 360-patient, three-arm, multisite VA randomized clinical trial across six medical centers (ClinicalTrials.gov identifier NCT05169190) with full results expected in mid-2026. The procedure is reimbursable under existing Current Procedural Terminology code 64510, and is clinically appropriate for delivery within the Veterans Health Administration (VHA) and, where VHA facilities are unavailable, through Community Care under section 1703 of title 38, United States Code, and the VA MISSION Act of 2018 (Public Law 115-182).

Sec. 3. *Directives to the Secretary of Veterans Affairs.*

Within 30 days of the date of this order, the Secretary of Veterans Affairs shall, consistent with applicable law and the Secretary's authority under section 7304 of title 38, United States Code:

- a. issue a Veterans Health Administration Directive making SGB available as a clinically appropriate option to any veteran diagnosed with PTSD who elects to receive the procedure after informed consent, and establishing clinical protocols for the procedure's ultrasound-guided administration;
- b. designate SGB as a covered service under the VA Community Care Program, consistent with section 101 of the VA MISSION Act of 2018, for any veteran for whom the service is not available at a Department of Veterans Affairs medical facility within the access standards established under section 1703B of title 38, United States Code;
- c. establish a training and credentialing program within the Veterans Health Administration to certify any qualified VA clinician, including but not limited to anesthesiologists, certified registered nurse anesthetists, pain medicine physicians, interventional radiologists, and other clinicians with appropriate ultrasound-guided procedural training, in the ultrasound-guided SGB procedure, sufficient to meet veteran demand across all Veterans Integrated Service Networks;
- d. publish and maintain, on a publicly accessible VA website, a quarterly dashboard reporting, at minimum: the number of SGB procedures performed at VA facilities and through Community Care; the average wait time from referral to procedure; patient-reported outcomes measured by the PTSD Checklist for DSM-5 (PCL-5) and Generalized Anxiety Disorder 7-Item Scale (GAD-7) at one week, one month, and six months post-procedure; and the number of VA facilities offering the procedure.

Sec. 4. *Workforce Investment.*

To ensure the Department of Veterans Affairs can recruit, train, and retain the clinical workforce necessary to deliver SGB at the scale required by section 3 of this order, the Secretary of Veterans Affairs shall, within 90 days of the date of this order, and consistent with applicable law:

- a. deploy the Education Debt Reduction Program (section 7681 of title 38, United States Code), which authorizes loan repayment of up to \$200,000 over 5 years, to prioritize any VA clinical or administrative personnel—including but not limited to anesthesiologists, certified registered nurse anesthetists, pain medicine physicians, interventional radiologists, other clinicians qualified to perform or support the ultrasound-guided SGB procedure, and the program managers, coordinators, and administrators necessary to operate the SGB program at scale—who complete relevant training or certification and commit to supporting delivery of the procedure within the Veterans Health Administration;
- b. deploy any and all incentive authorities available to the Secretary, including but not limited to Physician Performance Pay, Nurse Executive Pay, market pay, recruitment incentives, relocation incentives, retention incentives, Title 5 and Title 38 pay flexibilities, Senior Executive Service performance awards, and any other existing statutory or regulatory authority under title 38 or title 5, United States Code, to recruit, compensate, reward, and retain VA clinicians, program managers, coordinators, administrators, and other personnel who deliver, support, or expand the SGB program;
- c. ensure that Community Care reimbursement rates under section 1703 of title 38, United States Code, and the VA MISSION Act of 2018 are sufficient to secure timely access to qualified SGB providers in regions where Veterans Health Administration capacity is insufficient;
- d. within existing Veterans Health Administration graduate medical education, continuing medical education, and clinical training authorities, establish and fund dedicated training infrastructure for ultrasound-guided SGB, including hands-on workshops, simulation-based training, and supervised proctorship at designated centers of excellence; and
- e. report to the President, through the Assistant to the President for Domestic Policy, on whether any additional statutory authority is necessary to achieve the workforce objectives of this order, and, if so, submit proposed legislation for transmission to the Congress.

Sec. 5. Directives to the Secretary of Defense.

Within 60 days of the date of this order, the Secretary of Defense shall: (a) make SGB available through the Military Health System as a clinically appropriate option for active-duty service members diagnosed with PTSD; (b) coordinate with the Secretary of Veterans Affairs to ensure continuity of SGB treatment for service members transitioning from active duty to veteran status; and (c) report to the President, through the Assistant to the President for Domestic Policy, on the status of Department of Defense research relevant to SGB for PTSD, combat-acquired traumatic brain injury, and related conditions.

Sec. 6. Directives to the Secretary of Health and Human Services.

Within 90 days of the date of this order, the Secretary of Health and Human Services shall review current Medicare coverage policy for SGB under Current Procedural Terminology code 64510 and report to the President, through the Assistant to the President for Domestic Policy, on whether expanded coverage, a specific indication for PTSD, or a demonstration project under the Center for Medicare and Medicaid Innovation would accelerate access for veterans receiving care outside the VA system and for other populations affected by PTSD, including first responders, law enforcement, and survivors of violent crime.

Sec. 7. Reporting.

Within 180 days of the date of this order, and every 180 days thereafter for a period of 2 years, the Secretary of Veterans Affairs shall submit to the President, through the Assistant to the President for Domestic Policy, a report on the implementation of this order. Each report shall include the metrics described in section 3(d) of this order, an assessment of clinical outcomes, an estimate of total program cost compared to traditional PTSD care, and any recommendations for further action, including recommendations for legislative changes.

Sec. 8. General Provisions.

(a) Nothing in this order shall be construed to impair or otherwise affect: (i) the authority granted by law to an executive department, agency, or the head thereof; or (ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

Sec. 9. Publication.

The Secretary of Veterans Affairs is authorized and directed to publish this order in the *Federal Register*.

THE WHITE HOUSE,
Washington, [Date], 2026.