

# PUBLIC SUBMISSION

**As of:** May 28, 2009  
**Tracking No.** 809ad4c2  
**Comments Due:** May 28, 2009

**Docket:** [IRS-2009-0008](#)

Request for Information for Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

**Comment On:** [IRS-2009-0008-0001](#)

Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

**Document:** [IRS-2009-0008-0020](#)

Comment on FR Doc # E9-09629

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## Submitter Information

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## General Comment

Please see attachment for comments.

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## Attachments

[IRS-2009-0008-0020.1](#) Comment on FR Doc # E9-09629

**Comments regarding Regulatory Guidance USCG-2007-27022  
page 19157, II B specific areas 1 and 4**

I am a Licensed Alcohol and Drug Counselor (LADC) in Minnesota providing EEG biofeedback treatment to individuals with Addiction Disorders and co-occurring Mood Disorders. EEG biofeedback is an empirically validated and widely recognized effective non-medication treatment for addictions with many peer reviewed, published, controlled studies demonstrating efficacy. This approach also works for ADHD, depression, anxiety, headache including migraine, as well as other disorders. There are over 50 published studies evaluating EEG biofeedback in the treatment of ADHD, Substance Use Disorders and Autism. A recent review of this literature concluded "EEG biofeedback meets the American Academy of Child and Adolescent Psychiatry criteria for" Clinical Guidelines "for treatment of ADHD." This means that EEG biofeedback meets the same criteria as medication for treating ADHD, and that EEG biofeedback "should always be considered as an intervention for this disorder by the clinician". This service has been denied by United Behavioral Health, Blue Cross, Health Partners and many other managed care organizations.

This is limitation of an effective and validated treatment for a mental health problem. The reasons given by the insurance companies for this denial fell into two categories: 1) our company does not cover biofeedback for Mental Health problems or 2) there is not yet sufficient evidence for the efficacy of EEG biofeedback. As such, they are using evidence-based criteria that are far more restrictive for mental health services than the criteria which are used for medical/surgical services. There are many routine medical and surgical procedures which have far fewer controlled studies about their efficacy than does EEG biofeedback. Additionally, medications are routinely prescribed for "off label" uses with absolutely no empirical evidence supporting this use. However, insurance companies routinely cover these prescriptions without any call for research validation.

I believe that the parity regulations, based on legal reviews of the parity statute should require that employers and plans pay for the same range and scope of services for Behavioral Treatments as they do for medical and surgical benefits and that a plan cannot be more restrictive in their managed care criteria and reviews for MH and SA disorders when compared to Med Surg. Today plans are being more restrictive in how they review evidenced-based Mental Health and Substance Abuse Treatments when compared to Med Surg treatments. This violates both the intent and letter of the parity statute and we hope that the regulations will clarify that this can't continue.

In Minnesota, insurance is routinely denied for effective mental health interventions because they are considered "investigational" even though they have more published support than comparable medical interventions. In the field of substance abuse treatment this is especially important because a non-drug approach is highly desirable in these cases. Treating drug abuse with another drug is simply counter to good mental health practice. Heroin and Methadone were both developed to treat opiate addictions and we all know the results of those failed experiments. A non-drug approach that has proven efficacy should be utilized whenever possible for this condition.