

From: MarkJohnson2 [mailto:MarkJohnson2@my.unt.edu]
Sent: Thursday, May 28, 2009 5:57 PM
To: EBSA, E-OHPSCA - EBSA
Subject: Insurance Coverage for NF

I am a doctoral student in clinical health psychology who provides neurofeedback treatment to individuals with Attention Deficit Hyperactivity Disorder and Mood Disorders. Neurofeedback is an empirically validated and widely recognized effective non-medication treatment for ADHD, as well as other conditions. There are over 50 studies evaluating the effectiveness of neurofeedback in the treatment of ADHD, substance use disorders and Autism. A recent review of this literature concluded "Neurofeedback meets the American Academy of Child and Adolescent Psychiatry criteria for Clinical Guidelines for treatment of ADHD." This means that neurofeedback meets the same criteria as medication for treating ADHD, of which 60% of prescriptions are in fact prescribed "off label," and that neurofeedback "should always be considered as an intervention for this disorder by the clinician."

This service has been denied by Georgia Medicaid, Aetna, United Behavioral Health, Blue Cross, Cigna, and Amerigroup.

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 neurofeedback. 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 neurofeedback. These medical and surgical procedures are generally not limited because of concerns about how many controlled studies have been performed about them.

We 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 surgical benefits and that a plan cannot be more restrictive in their managed care criteria and reviews for mental health and substance abuse disorders when compared to medical surgery. Today plans are being more restrictive in how they review evidenced-based mental health and Substance Abuse Treatments when compared to medical surgical 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.

Thank you.

Mark Johnson, MS, BCIA-EEG

Doctoral Candidate - Health Psychology & Behavioral Medicine Ph.D Program

Assistant Clinical Coordinator - Neurotherapy Lab - University of North Texas