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To: EBSA, E-OHPSCA - EBSA
Subject: Reg Guidance USCG-2007-27022

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

I am a social worker licensed in Maryland, Washington DC, and Hawaii, who provides EEG biofeedback treatment (Neurofeedback) to individuals with Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD) and mood disorders. Over the last 40 years the body of Neurofeedback/biofeedback (NFBF) research has validated and continues to document its application as an effective *non-medication* treatment for ADHD, TBI, PTSD, autism, depression and other mood disorders. It addresses basic neurological functioning making it applicable to a wide variety of diagnostic categories.

President Obama is stressing the need for preventive health care practices. NFBF are prime examples of therapies that are preventive of development of chronic conditions by teaching people skills that build life style changes. If only for this reason alone NFBF should be covered by insurance on equal footing with medication and medical/surgical treatments. But there are a number of other reasons for parity for NFBF insurance parity.

Clinical empirical results for use of NFBF are growing exponentially. I conducted a peer-reviewed, NIH-funded study of Neurofeedback for TBI that is published in the leading journal for head injury (*The Jrl. of Head Trauma Rehabilitation*, 2001). The state of Texas now mandates that Neurofeedback be covered by insurance for TBI. In another NIH-funded study by the Oregon Health Sciences University, and a privately funded study I did with Rush-Presbyterian-St.Luke's Medical Center in Chicago, IL, symptoms of fibromyalgia were found to be ameliorated by Neurofeedback.

The Jrl. of Neuropsychiatry and Clinical Neurosciences is publishing preliminary research results of a Neurofeedback treatment with Iraq/Afghanistan soldiers with TBI & PTSD in a study I am conducting now in Bethesda, MD. *The Journal of Pain* has published results on pain reduction in soldiers in this same study (*The Jrl. of Pain* 10_S18, 2009). Every soldier in this study who had chronic headache experienced either complete elimination of headache or significant reduction. One soldier in the study, a medic, says, "In my opinion every soldier returning from combat should receive this treatment whether he thinks he needs it or not." Walter Reed Army Medical Center therapists had me present these study results to them after seeing the positive response to Neurofeedback in their soldiers, and DOD is pursuing more research in order to enhance their treatment of TBI/PTSD. There is no medication for TBI and traditional treatments have limited success.

Reduction or elimination of medication is almost an expected outcome of Neurofeedback treatment. This reduces medical costs, a benefit to society at large. Even with the substantial, and growing, body of evidence of the effectiveness of Neurofeedback this common outcome, medication reduction cannot be over emphasized. Unlike medications Neurofeedback has few and transitory side effects. This one positive contribution of NFBF alone should be compelling to all people, but there is one professional body that sees this as a threat - the pharmaceutical industry. Six years ago NFBF treatment of a BCBS policy holder client of mine saved BCBS more than her average annual medication cost for one year. She was able to eliminate several medications that had been covered by BCBS before her treatment with NFBF. A BCBS physician panel, in face-

to-face review, refused to cover the treatment cost that was actually less than the savings already enjoyed by BCBS in medication reduction as a result of her treatment. This is only one example of lack of understanding of the effectiveness of NFBF.

A national group for parents of ADHD children (CHADD) is supported by pharmaceutical firms. Members of this group have recently begun to recognize that there is an acceptable alternative to medication for children, NFBF that does not produce serious side-effects. A recent review of ADHD 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 to medication for treating ADHD, and that EEG biofeedback “should always be considered as an intervention for this disorder by the clinician”.

This service coverage has been denied to my clients by Aetna, United Behavioral Health, Blue Cross/Blue Shield, Cigna, and others. This is an unjustified limitation of an effective and validated treatment for mental health problems. There are two common reasons given by the insurance companies for denials: 1) our company does not cover NFBF for Mental Health problems or 2) NFBF is considered experimental. They are using evidence-based criteria more restrictive for mental health services than those used for medications or medical services. There are many medications, and routine medical procedures which have far fewer controlled studies about their efficacy than does NFBF. Medical and surgical procedures are generally not limited based upon the *number* of their controlled studies.

The parity regulations should require that 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 mental health disorders when compared to medical. To do otherwise violates the intent of the parity concept. New regulations should clarify and provide support new guidelines that recognize the new reality in treatment options.

In 2001 the State of Texas Legislature mandated (HB 1626) that Neurofeedback must be covered by insurance companies for TBI and its sequelae, (depression, anxiety, and cognitive deficits). It is especially interesting in that TBI is often the trigger for depression, ADHD, and is definitely involved in development of chronic PTSD, as documented in recent Walter Reed research with our Iraq/Afghanistan veterans. Despite this in April, Blue Cross of Texas declared that biofeedback and Neurofeedback were “experimental” and “not medically necessary” for all conditions *except* acquired brain injury. *First*, this is a self-serving move that should not be allowed to stand, and *second*, it is definitely against the interest of the insurance company itself because Neurofeedback and biofeedback actually save them money.

Please support parity because NFBF therapies will actually save insurance companies money, reduce medical costs, reduce repeat medical office visits, and promotes health. At its best it is preventive care because it prevents the progression into chronic conditions. This serves three fronts, the insurance company, their policy holders, and society at large.

Sincerely,
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