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

Comment On: EBSA-2009-0010-0001

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

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Submitter Information

Name: Frank Harbin

Address:

1 East 5th Ave

Rome, GA, 30161

Email: fharbin@harbinclinic.com

General Comment

Comments regarding CMS-4140-NC
page 19157, II B specific areas 1 and 4

I am a Clinical Psychologist in Rome, Georgia who provides EEG biofeedback treatment to individuals with Attention Deficit Hyperactivity Disorder and Mood Disorders. EEG biofeedback is an empirically validated and widely recognized effective nonmedication treatment for ADHD, as well as other conditions. There are over 50 studies evaluating the effectiveness of 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 to 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 Georgia Medicaid, Aetna, United Behavioral Health, Blue Cross, Cigna, and Amerigroup.

This is a 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 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. These surgical procedures are generally not limited because of concerns about how many controlled studies have been performed about them. A recent article in the Journal of the American Medical Association (JAMA. 2009; 301(8):831-841 (doi: 10.1001/jama.2009.205)) documented that fewer than 20% of recommended cardiac procedures were based on any controlled studies. These procedures have clearly not been limited because of a presumed lack of evidence.

I believe that the Parity bill regulations should require that employers and plans pay for the same range services for mental health treatment as for medical/surgical procedures and that plans cannot be more restricted in their managed care criteria for mental health disorders as compared to medical/surgical problems. Currently, insurance plans are clearly more restrictive in how they review evidence-based mental health and substance abuse treatments when compared to medical surgical treatments. This violates the intent and letter of the parity statute and I hope that the regulations will clarify that this can't continue.