



GREENVILLE COUNTY
SCHOOLS

Where enlightening strikes

May 20, 2009

Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration, N-5653
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

Attn: MHPAEA Comments

As a professional mental health clinician working both in the public sector as well as in private practice, my experience with insurance companies and other third party payers is that they have a propensity to use a "cookie cutter" approach in their coverage of mental and substance abuse disorders. What I mean by this is that they typically allow only very limited coverage, as if all disorders are treated in the same manner and require the same number of maximum treatment sessions, i.e., therapy. Some disorders may be effectively treated in a month, requiring three or four visits, depending on the type and severity of the disorder, while others may require 9 to 12 months of weekly sessions (often including medication) before the client achieves recovery. The current situation is analogous to an insurance company limiting a patient diagnosed with lung cancer to only five doctor visits or to a three day hospital stay.

Personally, like most professionals, my therapeutic treatment methods are research-based and grounded in sound clinical theory. Diagnoses are rendered and coded according to DSM- IV-TR criteria. Accordingly, insurance companies and other third party payers should be required by law, e.g., the MHPAEA, to recognize the needs of clients requiring treatment for mental and addiction disorders and provide the same coverage that they do for the treatment of other diseases and surgeries.

Best regards,

Kenneth P. Smith, M.Ed., LPC/I