

**From:** Eileen Roberts [mailto:drrobs@hotmail.com]  
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**To:** EBSA, E-OHPSCA - EBSA  
**Subject:** Inequity in parity between mental health and medical treatments

I am a licensed clinical psychologist and have been in practice in hospital, university and private settings since 1977. Across that time I have explored a variety of evidence based treatments that might enhance my effectiveness. I have tried and abandoned many tools, keeping only those techniques with research backing and demonstrated effectiveness in my clinical practice. This journey has led me to specialize in the use of biofeedback, and most specifically EEG biofeedback/Neurofeedback, for the treatment of ADHD and medication resistant depression and anxiety. This modality has helped many of my patients who were either unresponsive or minimally responsive to medication, or were unable to tolerate medication side effects.

Unfortunately, most insurance companies refuse to reimburse for the use of Neurofeedback or other forms of biofeedback, despite many decades of research. They claim that it is an "alternative treatment" and state that their failure to reimburse is based on "lack of research evidence of effectiveness". However, they reimburse routinely for physicians to prescribe medications "off label" or perform other procedures without any research basis other than the report of other physicians that a given medication or procedure has had a beneficial effect on a given syndrome. For example, JAMA recently published a review of the evidence base supporting the joint cardiovascular practice guidelines of the American College of Cardiology and the American Heart Association (Journal of the American Medical Association, February 25, 2009, Vol 301, No 8). They found that of the 16 current practice guidelines only 11% of the guidelines were based on evidence from multiple randomized trials or meta-analyses (the standard that insurance companies state is required to consider EEG biofeedback as a reimburseable treatment). The remaining 89% of recommended cardiovascular practice guidelines were based upon a single randomized study, nonrandomized studies or "expert opinion, case studies or standards of care". THIS IS NOT EQUITY. Many medical treatments are routinely covered that have substantially less research basis than biofeedback. The core of the matter is that more scientific review criteria are employed for limiting reimbursement of biofeedback in mental/behavioral health treatment than are employed for the review/reimbursement of many common medical procedures.

The research literature on EEG Biofeedback can be viewed at [isnr.org](http://isnr.org). The evidence for its effectiveness in many behavioral health/mental health conditions is significant, especially in the area of ADHD where a number of well designed studies have been published. There are also seven current studies showing a positive impact on Autism, where almost no other viable medical treatments have been established.

PARITY REQUIRES THAT THE SAME SCIENTIFIC REVIEW CRITERIA BE USED BY INSURANCE COMPANIES FOR BEHAVIORAL HEALTH CARE TREATMENTS SUCH AS NEUROFEEDBACK AS ARE EMPLOYED IN THE EVALUATION OF MEDICAL AND SURGICAL BENEFITS. If this were the case, EEG neurofeedback would be a reimburseable treatment.

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