

From: Cindy Perlin [mailto:cperlin@nycap.rr.com]
Sent: Tuesday, May 26, 2009 10:47 PM
To: EBSA, E-OHPSCA - EBSA
Subject: Comments on Mental Health Parity Regulations

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

I am a Licensed Clinical Social Worker and certified biofeedback practitioner practicing in upstate NY who provides neurofeedback treatment to individuals with Attention Deficit Hyperactivity Disorder, Autistic Spectrum Disorders 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 Medicare, 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 is usually that 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 medical and surgical procedures which have far fewer controlled studies about their efficacy than does neurofeedback yet are routinely reimbursed by health insurers . I believe that the parity regulations should require that employers and plans cannot be more restrictive in their managed care criteria and reviews for mental health and substance abuse disorders than for medical and surgical treatments. 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 I hope that the regulations will clarify that this can't continue.

Thank you for considering my comments on this issue.

Sincerely,

Cindy Perlin, LCSW