

PUBLIC SUBMISSION

As of: May 28, 2009
Received: May 28, 2009
Status: Pending_Post
Tracking No. 809ba971
Comments Due: May 28, 2009
Submission Type: Web

Docket: EBSA-2009-0010

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

Document: EBSA-2009-0010-DRAFT-0215

Comment on FR Doc # E9-9629

Submitter Information

Name: William R. Warley, PhD

Address:

Harbin Clinic - Behavioral Sciences
1 east 5th Ave
Rome, GA, 30161

Email: wwarley@harbinclinic.com

Phone: 706-295-2028

General Comment

CMS-4140-NC

I am clinical psychologist in Rome Georgia who provides EEG biofeedback (neurofeedback) treatment to individuals with Attention Deficit Hyperactivity Disorder and Mood Disorders. Georgia Medicaid, Aetna, United Behavioral Health, Blue Cross, Cigna, and Amerigroup refuse to cover this procedure. One reason the insurance companies give for not covering EEG biofeedback is that there is not enough evidence to demonstrate the efficacy for the procedure. However, in a recent review of the literature on the effectiveness of EEG biofeedback for ADHD, substance abuse disorders, and autism, meets the criteria of the American Academy of Child and Adolescent Psychiatry stating that EEG biofeedback "should always be considered as an intervention for this disorder [ADHD] by the clinician" (see Hirshberg et. al. - see below)). This means that EEG biofeedback meets the same criteria as to medication for treating ADHD.

Over 50 studies researching the efficacy of EEG biofeedback for the treatment of

ADHD and other disorders are completed. This is more controlled studies for a procedure than is required for many medical and surgical procedures. 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 controlled studies. Insurance companies do not exclude from coverage the medical and surgical procedures because of a supposed lack of evidence. Insurance companies are requiring a much more stringent standard for mental health coverage than they do for medical and surgical coverage. The more stringent standard for mental health is clearly a violation of the intent of the parity statute.

Currently, insurance plans are clearly more restrictive by 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 mental health parity statute. Such discrimination against mental health coverage must not continue. Managed care must not limit mental health treatment and coverage care when research clearly demonstrates the efficacy of a procedure such as EEG biofeedback.

Sincerely,

William R. Warley, Ph.D.
Clinical Psychologist
Harbin Clinic | Behavioral Sciences
1 East Fifth Avenue, Rome, GA 30161
Phone 706.233.6304 Fax 706.295.2062
wwarley@harbinclinic.com

Hirshberg, L., Chiu, S. and Frazier, J. Emerging brain-based interventions for children and adolescents: overview and clinical practice. Child and Adolescent Psychiatric Clinics of North America. 2005; 14; pg 1-19.