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Docket: IRS-2009-0008

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

Comment On: IRS-2009-0008-0001

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

Document: IRS-2009-0008-0013

Comment on FR Doc # E9-09629

Submitter Information

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Government Agency Type: Federal

Government Agency: HHS

General Comment

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

I am a clinical psychologist who provides Biofeedback treatment to individuals with Chronic Pain and Complex Health Care problems. Biofeedback is an empirically validated and widely recognized effective non-medication treatment of a variety of challenging medical problems which frustrate physicians and lead to medical over-utilization . There are over 30 years of various studies evaluating the effectiveness of Biofeedback in the treatment of Chronic Pain, Headaches, Cardiac, 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, for example, that EEG biofeedback meets the same criteria as medication for treating ADHD, and that EEG biofeedback "should always be considered as an intervention for this disorder by the clinician". This helps to further focus patient care only on taking of medications—from pain medications to stimulant medications for Attention Deficit Hyperactive Disorders which is only a partial treatment for such disorders.

This service has been denied by Georgia Medicaid, Actna, United Behavioral Health, Blue Cross, Cigna, Amerigroup and most other health insurers.

This is 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 for Mental Health problems or 2) there is not yet sufficient evidence for the efficacy of EEG or EMG and other biofeedback treatments—denying to acknowledge the 30 plus years of such research and having this modality available and utilized in most medical schools, centers, and clinics.

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 routine medical and surgical procedures which have far fewer controlled studies about their efficacy than does EMG and EEG Biofeedback. These medical and surgical procedures are generally not limited because of concerns about how many controlled studies have been performed about them. No other procedure has had to wait so many years for acceptance when there is scientific evidenced based research studies backing them.

We believe that the parity regulations, based on legal reviews of the parity statute should require that employers and plans pay for the same range and scope of services for Behavioral Treatments as they do for Med Surg benefits and that a plan cannot be more restrictive in their managed care criteria and reviews for MH and SA disorders when compared to Med Surg. Today plans are being more restrictive in how they review evidenced-based Mental Health and Substance Abuse Treatments when compared to Med Surg treatments. Though parity exists for several years in many states, including Oregon, insurers still over-check and push for providers to stop treatment before full results have been achieved. They push for medication as it is a quick fix at a time when we are questioning the use of too many prescriptions. This violates both the intent and letter of the parity statute and we hope that the regulations will clarify that this can't continue.

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