

# PUBLIC SUBMISSION

As of: May 28, 2009 Tracking No. 809ad69a Comments Due: May 28, 2009
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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-2009-0008-0024

Comment on FR Doc # E9-09629

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## Submitter Information

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## General Comment

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

I am a licensed professional counselor, in practice with a licensed clinical social worker. We provide EMG, GSR and temperature training to individuals with PTSD, Anxiety (Generalized Anxiety Disorder) and Panic Disorders. These forms of biofeedback, along with EEG biofeedback, have extensive empirical validation and are widely recognized clinically as effective non-medication treatment for these disorders, as well as other conditions. There are numerous studies evaluating the effectiveness of biofeedback in the treatment of General Anxiety Disorder, and Post Traumatic Stress Disorder.

If the extensive literature regarding biofeedback indicates that it's effectiveness meets the same criteria as medication for treating these disorders, then it should always be considered as an intervention for this disorder by the clinician.

This service has been denied by Georgia 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 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 biofeedback.

Using such a statement would indicate: 1. 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. 2. Their information is outdated based on the wealth of literature that is available that speaks to the contrary.

There are many routine medical and surgical procedures which have far fewer controlled studies about their efficacy than does biofeedback. These medical and surgical procedures are generally not limited because of concerns about how many controlled studies have been performed about them, nor by evidence which might lead to a different conclusion about their effectiveness.

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. This violates both the intent and letter of the parity statute and we hope that the regulations will clarify that this can't continue.

It also seems unjust that many patients seeking services for these, and several other debilitating problems are denied an effective and comparatively benign treatment for their problem only to receive a treatment no more objectively evaluated than Biofeedback, but often fraught with extensive side effects, sometimes more debilitating than the original problem. I would appreciate your consideration of "First, do no harm."

Sincerely,

John B. McGarey MA, LPC, BCIAC,