

PUBLIC SUBMISSION

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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-2009-0008-0057](#)

Comment on FR Doc # E9-09629

Submitter Information

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General Comment

Mental health parity is essential to provision of general health in our population. The majority of presentations for primary care have mental health issues, either as a primary or secondary condition. Biofeedback and Neurofeedback are evidence based and are well documented in the major refereed journals. My attachment documents this. There must be mental health parity to preserve our population in their behavioral health and welfare.

Attachments

[IRS-2009-0008-0057.1](#) Comment on FR Doc # E9-09629

[IRS-2009-0008-0057.2](#) Comment on FR Doc # E9-09629

[IRS-2009-0008-0057.3](#) Comment on FR Doc # E9-09629

My comments are regarding: regulatory guidance ID: IRS-2009-0001.

And USCG-209 -0001. Is

Also federal register document number: E9-9629.

Also, volume 74: number 80 of April 28, 2009, page 19154 federal register to 19158.

I am a clinical psychologist who provides EEG biofeedback treatment to individuals with attention deficit hyperactivity disorder and mood disorders. EEG biofeedback 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 EEG biofeedback in the treatment of ADHD, substance abuse disorders and autism. A recent review of this literature concluded "EEG biofeedback meets the American Academy of Child and adolescent psychiatry criteria for the treatment of ADHD." This means 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 convention."

This service has been denied by Georgia Medicaid, Aetna, and United Behavioral Health, Blue Cross, CIGNA and Amerigroup. And it is being considered by other health care insurance agencies.

This is a limitation of an effective and validated treatment for a serious mental health problem. The reasons given by the insurance companies for this denial fall into two categories: one parentheses are company does not cover biofeedback for mental health problems or argue there is not yet sufficient evidence for the efficacy of EEG biofeedback. 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 excellent efficacy than does EEG biofeedback. These medical and surgical procedures are generally not limited, because of concerns about how many controlled studies have been performed about them. Furthermore, double blind controlled studies are not applicable to behavioral health issues, since it means denying services for some of the disabled being studied.

I, as a psychologist of many years, Biofeedback is evidence based, with documented and computerized observations of behavioral and autonomic changes, as regulated by the brain, which is also empirically documented. I Believe that the parity regulations, based on legal reviews of the parity statute should require that employers and clients pay for the same range and scope of services for behavioral treatments as they do for med surge benefits and that a plan cannot be more restrictive in their managed care criteria and reviewed for mental health disorders when compared to med surge. Today, plans are being more restrictive in how they review evidence-based mental health and substance abuse treatment, when compared to med surge treatments. This violates both the intent and letter of the parity statute and I hope that the regulations will clarify that this cannot continue.

Respectfully and hopefully

David C. Brose, Ph.D.