

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-2009-0008-0068](#)

Comment on FR Doc # E9-09629

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General Comment

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

It is clear that, with governmental support, the insurance industry picks and chooses what it will or will not pay for without any attempt to treat disease fairly. They do it in a way that maximizes profit to the detriment of the American populace. An excellent example can be illustrated in EEG Biofeedback, which is what I do as a career. I'm a licensed psychologist in California who has chosen to provide this type of therapy because it is effective in the treatment of ADD/ADHD and totally not harmful (unlike drug therapy). In an \$11M NIH study called the MTA Study completed at the University of Buffalo, drug therapy was shown to be ineffective after two years. Yet the insurance industry will pay for children and adults to be on drug therapy for as long as the patients wants. EEG Biofeedback, on the other hand, has lasting improvement in brain activity, essentially remediating the disorder. In spite of over 40 years of research studies proving the efficacy of EEG Biofeedback, the insurance industry continues to assert that it is "experimental".

The subjective evaluation of insurance company executives in order to maximize profit should not replace this issue of parity. Mental health issues take a huge toll on our economy and many studies have proven that when mental health issues

are not remediated properly, patients turn to the medical establishment to help them. This increases medical costs and you have untrained medical professionals attempting to treat mental disorders. Any physician will tell you that they lack the tools to treat mental illness.

I 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 Medical and Surgical 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 I hope that the regulations being considered will mandate that this disparity can not continue.