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

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

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Submitter Information

Name: Daniel A Coffman

Address:

Auburn, CA,

Organization: Auburn Pain Rehabilitation Medical Clinic

General Comment

Comments regarding CMS-4140-NC

I am a licensed psychologist who provides behavioral medicine services for treatment of a variety of disorders. I work in a medical clinic providing services for patients with intractable pain, and have a private practice.

I regularly utilize biofeedback as part of the behavioral medicine treatments for chronic pain, anxiety and mood disorders, sleep disorders, and attention disorders. There is a substantial body of support for use of biofeedback in these areas, and it is now recommended as a primary treatment for anxiety and pain disorders by the American Academy of Family Physicians, a primary treatment for insomnia by the American Academy of Sleep Medicine, as an essential and effective component of chronic pain functional restoration programs according to the American Pain Society, and as a primary treatment for attention disorders by the American Academy of Child and Adolescent Psychiatry.

When providing treatment I combine cognitive-behavioral therapy with biofeedback using a combination of muscle tension (sEMG), skin conductance (EDR), peripheral skin temperature (Temp), heart rate variability (HRV), or brain wave (EEG)

feedback to facilitate skill development in self-management of pain, anxiety, mood, or insomnia. This typically results in symptom resolution or reduction with reduced need for medications and decreased utilization of medical services over time.

Many insurance providers deny biofeedback services, even when directly provided by a licensed psychologist or physician. This is limitation of an effective and validated treatment for a mental/behavioral health problem, or a physical problem with mental/behavioral health component. The reasons given by insurance companies for denial generally fall into two categories: 1) our company does not cover biofeedback for Mental/Behavioral Health problems or 2) there is not yet sufficient evidence for the efficacy of biofeedback. As such, they are using evidence-based criteria that are far more restrictive for behavioral health services than criteria used for medical-pharmacological or surgical services. Many routine medical-pharmacological therapies and most surgical procedures have far fewer controlled studies about their efficacy than does biofeedback. These medical treatments and surgical procedures are generally not limited because of concerns about how many controlled studies have been performed about them.

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-Pharmacological and Surgical benefits and that a plan cannot be more restrictive in their managed care criteria and reviews for Mental/Behavioral Health and Substance Abuse disorders when compared to Medical-Pharmacological and Surgical disorders. Today plans are being more restrictive in how they review evidenced based Mental Health and Substance Abuse Treatments when compared to Medical-Pharmacological and Surgical 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.

Thank you for your time and attention.