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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-2009-0008-0092](#)

Comment on FR Doc # E9-09629

Submitter Information

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Submitter's Representative: Honorable John A. Boehner

Organization: The Neurofeedback Clinic of Cincinnati

General Comment

I am a psychologist who provides neurofeedback treatment to individuals with Attention Deficit/Hyperactivity Disorder, Traumatic Brain Injury, Stroke, Autism Spectrum Disorder, and other neurologically-based disorders as well as mood disorders. Neurofeedback 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 neurofeedback in the treatment of ADHD, substance use disorders and autism. A recent review of this literature concluded "Neurofeedback meets the American Academy of Child and Adolescent Psychiatry criteria for Clinical Guidelines for treatment of ADHD." This means that neurofeedback meets the same criteria as medication for treating AD/HD, (60% of prescriptions are in fact prescribed "off label") and that neurofeedback "should always be considered as an intervention for this disorder by the clinician."

Neurofeedback services have been denied by Medicaid, Aetna, United Behavioral Health, Blue Cross, Cigna, and Amerigroup.

These denials limit an effective and validated treatment for mental health problems. The reasons given by insurance companies for these denials 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

neurofeedback. As such, these companies 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/surgical procedures which have far fewer controlled studies about their efficacy than does neurofeedback. These medical/surgical procedures are generally not limited because of concerns about how many controlled studies have been performed about them.

I believe that the parity regulations, based on legal reviews of the parity statute, should require that employers and insurance plans pay for the same range and scope of services for behavioral treatments as they do for medical/surgical benefits and that a plan cannot be more restrictive in their managed care criteria and reviews for mental health and substance abuse disorders when compared to medical/surgery. Today insurance plans are more restrictive in how they review evidenced-based mental health and substance abuse treatments compared to medical/surgical treatments. This violates both the intent and letter of the parity statute and I hope that the regulations will clarify that this cannot continue.

Sincerely,

Dr. Judy M. Schwartz, Ph.D.