

# PUBLIC SUBMISSION

<b>As of:</b> May 29, 2009 <b>Tracking No.</b> 809bcdc5 <b>Comments Due:</b> 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-2009-0008-0112](#)

Comment on FR Doc # E9-09629

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## Submitter Information

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**Submitter's Representative:** Bob Inglis

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## General Comment

I am a Licensed Professional Counselor in Greenville, SC, providing neurofeedback treatment to individuals with Attention Deficit Disorder, Anxiety, PTSD, and Panic Disorder. The clients I have treated have successfully eliminated symptoms related to the above 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 abuse disorders, and autism. A recent review of this literature concluded that "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 ADHD, of which 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." 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 money for on-going pharmaceutical treatments could be better served for shorter term treatment that Neurofeedback provides.

Economic good sense notwithstanding, 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 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. There are many routine medical and surgical procedures which have far fewer controlled studies about their efficacy than does neurofeedback. Today plans are being more restrictive in how they review evidenced-based mental health and Substance Abuse Treatments when compared to medical 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.

Jane Price, LPC, BCIA