

PUBLIC SUBMISSION

As of: April 28, 2010
Received: April 27, 2010
Status: Draft
Category: Social Worker - HC025
Tracking No. 80ae1a40
Comments Due: May 03, 2010
Submission Type: Web

Docket: CMS-2009-0040

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Comment On: CMS-2009-0040-0048

Interim Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Document: CMS-2009-0040-DRAFT-0068

NJ

Submitter Information

Name: Nancy Byron

Address:

Monmouth Beach, NJ, 07750

Organization: private practice

General Comment

I support strong rules for parity. Also, considerations about what standards are to be used to approve or deny mental health services is crucial. My experience as a provider of mental health services is that insurance companies are now denying services to save money rather than as a result of assessment of need. Psychiatrists who do not do psychotherapy are hired by insurance companies to review cases and deny services. Brief therapy suggestions are being given to clinicians who have years of experience with biologically based mental health conditions that do not respond to brief therapy. Many of these patients often require maintenance measures just to prevent further deterioration and hospitalization and greater use of public resources. My patients, over the years, have had a strong desire to get better and not have to be in therapy "for the rest of their lives." I believe a system of insurance should be based on this view: the vast majority of mental health patients do not "milk the system" but want to spend their time doing something enjoyable rather than sitting ins a therapy office. Those patients who are in continuing psychoherapy year after year, or are hospitalized mutliple times, have very serious problems and they need the mental health services they receive. Of course, as in any system, there are abuses. I think those should be handled by trained fraud investigators and not in the guise of insurance clinical reveiws "for the benefit of the patient."