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Comment On: EBSA-2009-0010-0409
Interim Final Rules Under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

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General Comment

I am very supportive of most of the provisions of the interim final rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. These rules address many of the inequities in health insurance coverage of mental health care when compared to medical/surgical care that I have observed in the course of my mental health practice.

However, in my opinion, two areas have not been sufficiently clarified. I am quite concerned that unless these points are more clearly specified in the final regulations, loopholes will remain that will permit widespread violation of the legislative intent of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008:

1. In my opinion, the interim final rules do not define clearly enough the rules regulating the comprehensive scope of services parity between mental health/substance abuse services and medical/surgical services. Given the language of the Act and the positions already taken by the Departments in the interim final regulations, I request that the Final Rules clarify that benefits for MH/SUD must be comparable in scope to the benefits provided in medical/surgical care both across and within each classification. Unless parity in scope of services is required in the final regulations, the intent of the Act will not be achieved.

2. I strongly support the application of parity requirements to both QTLs and NQTLs as being consistent with the Act and allowing for broad application of the parity requirement with regard to treatment limitations. However, in order to implement the intent of the Act, the regulations must specify more clearly that any NQTLs that are applied by plans must be comparable for MH/SUD

and medical surgical benefits, and that any NQTLs for MH/SUD must be no more restrictive than NQTLs that are predominant across the broad range of medical/surgical benefits.Thank you,

Attachments

EBSA-2009-0010-DRAFT-0688.1: Comment on FR Doc # 2010-2167

Biofeedback in all Forms as a Treatment Modality

I also want to strongly support the coverage for Biofeedback. Biofeedback, as a treatment modality, has proven to be extremely effective alone and with other treatment modalities. There are now very good studies to support Biofeedback, and it EMPOWERS the patient. It is non-invasive, relatively easy to administer and cost effective. Often a person will require no medication for their mental condition after the EEG Biofeedback is completed.

I want to support assessment tools such as Quantitative Electroencephalogram (QEEG). QEEG is a non-invasive measure that is inexpensive and easy to perform. Through QEEG It is now possible to determine what medications a person's brainwaves will respond best to. Instead of the patient being tried on several medications with inherent potential for side-effects. -