

# PUBLIC SUBMISSION

<b>As of:</b> May 03, 2010
<b>Received:</b> May 03, 2010
<b>Status:</b> DoNotPost
<b>Tracking No.</b> 80ae5a29
<b>Comments Due:</b> May 03, 2010
<b>Submission Type:</b> Web

**Docket:** EBSA-2009-0010

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

**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

**Document:** EBSA-2009-0010-DRAFT-0697

Comment on FR Doc # 2010-2167

---

## Submitter Information

**Name:** Betty Jarusiewicz, PhD

**Address:**

267 Cypress Drive  
Bayville, NJ, 08721

**Email:** bjarus@comcast.net

**Phone:** 732-801-4505

**Organization:** Atlantic Neurofeedback Center

---

## General Comment

Here are the two main issues that we believe need to be addressed in your comments:

1. The interim final rules do not define clearly enough the rules regulating the comprehensive scope of services parity between mental health/substance abuse (MH/SA) 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. In order to implement the intent of the Act, the regulations must specify more clearly that any treatment limitations (based on scientific review criteria) that are applied by plans must be comparable for MH/SUD and medical surgical benefits, and that scientific review criteria employed for MH/SUD services must be no more restrictive than those that are predominant across the broad range of medical/surgical benefits.