

PUBLIC SUBMISSION

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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-2009-0008-0026

Comment on FR Doc # E9-09629

Submitter Information

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General Comment

I am a licensed Marriage and Family Therapist since 1991 and certified in biofeedback by the Biofeedback Certification Institute of America since 1985. I provide EEG biofeedback treatment to individuals with Attention Deficit Hyperactivity Disorder and Mood Disorders and general biofeedback for persons with stress related disorders and and for pain management. EEG biofeedback 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 EEG biofeedback in the treatment of ADHD, Substance Use disorders and Autism. A recent review of this literature concluded "EEG biofeedback meets the American Academy of Child and Adolescent Psychiatry criteria for" Clinical Guidelines "for treatment of ADHD." This means that EEG biofeedback meets the same criteria as medication for treating ADHD, and that EEG biofeedback "should always be considered as an intervention for this disorder by the clinician". There are numerous studies showing the efficacy of general (non EEG) biofeedback for various other issues.

When I started in 1985, most health plans reimbursed for biofeedback, then as managed care began hacking away benefits, they used excuses like "biofeedback is experimental" to deny benefits. Some do pay for biofeedback BUT, they pay at the same rate as they pay for psychotherapy. Biofeedback demands complex education and training, a large overhead in equipment, equipment maintenance and supplies and should be reimbursed higher than

psychotherapy.

I believe that the parity regulations, based on legal reviews of the parity statute should require that employers and plans or the new national health plan that is in the brew, should pay for the same range and scope of services for Behavioral Treatments as they do for Med Surg benefits and that a plan cannot be more restrictive in their managed care criteria and reviews for MH and SA disorders when compared to Med Surg. Today plans are being more restrictive in how they review evidenced-based Mental Health and Substance Abuse Treatments when compared to Med Surg 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.

Thank you,

Steve Kassel, MFT, BCIA-c, BCIA