

PUBLIC SUBMISSION

As of: May 28, 2009
Tracking No. 809af788
Comments Due: May 28, 2009

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-2009-0008-0050

Comment on FR Doc # E9-09629

Submitter Information

Name: Victoria Harrison

Address:

Houston, TX,

Organization: Family Health Services

Government Agency Type: Federal

Government Agency: AHRQ

General Comment

Comments regarding Regulatory Guidance USCG-2007-27022
page 19157, II B specific areas 1 and 4

I am a psychotherapist (licensed Social Worker & LMFT) & teacher who uses biofeedback and EEG with symptoms that impact health and reproduction (migraines, endometriosis, ovulatory dysfunction, PMS, menopausal problems, pelvic pain) as well for ADHD, mood disorders, and anger management and anxiety. Both biofeedback and EEG biofeedback are empirically validated and widely recognized effective non-medication treatments for many conditions. My own articles about this work have been published in Sterility & Fertility, Family Systems journal, Family Systems Forum, and the Annals of the NY Academy of the Sciences. You can find them on my website at www.csnsf.org.

Biofeedback and EEG services may be denied coverage or subject to restrictions that are not based in outcome data or research. It is ironic since both promote a person's ability to manage the impact of anxiety and improve medication effectiveness and reduce medication necessity. Health care costs decline when a symptomatic person and their family members practice self-regulation.

This is limitation of effective and validated treatments for a mental health and

health problems. The reasons given by the insurance companies for this denial fell into two categories: 1) our company does not cover biofeedback for Mental Health problems or 2) there is not yet sufficient evidence for the efficacy of EEG biofeedback. As such, they are using evidence-based criteria that are far more restrictive for mental health services than the criteria which are used for medical/surgical services. There are many routine medical and surgical procedures which have far fewer controlled studies about their efficacy than does EEG biofeedback. These medical and surgical procedures are generally not limited because of concerns about how many controlled studies have been performed about them.

The training required for practice and certification in biofeedback and EEG is extensive. The continuing education and research involved in practice is impressive. This is a profession dedicated to substantiate the scientific basis for its effectiveness and to applications based on outcome effectiveness. We collaborate with physicians and medical treatment on a routine basis.

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 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 evidence-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 for doing what you can to assure parity for mental health services, for behavioral treatment, for biofeedback and EEG when provided by licensed professionals.

Victoria Harrison, MA, LMFT, LCSW
Director, Family Health Services
Houston, Texas