

PUBLIC SUBMISSION

As of: May 04, 2010 Received: May 03, 2010 Status: Pending_Post Tracking No. 80ae5cd5 Comments Due: May 03, 2010 Submission Type: 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-0717

Comment on FR Doc # 2010-2167

Submitter Information

Name: Dr. Christine Adams

Address:

2211 Norfolk

Suite 140

Houston, TX, 77098

Email: dr.ckadams@gmail.com

Phone: 713-850-0553

Organization: self-employed psychologist

General Comment

I have had all major private for-profit health plans tell me that they can restrict the number of outpatient mental health sessions if they decide they are not medically necessary. Their definition of medical necessity included the requirement that depressed patients be on anti-depressant medication or talk therapy is not considered medically necessity – even if patients do not want to take medicine for their condition. I have been told that patients can't have twice a week sessions unless they are suicidal or homicidal. I have been told that if patients don't show "signs of improvement" then outpatient therapy is not medically necessary because "they aren't benefiting".

These companies also are putting in time-intensive "medical necessity reviews" where a bureaucrat on the other end who has no knowledge of the patient is the arbiter of whether or not treatment nor is that bureaucrat a practitioner who has the same level of experience as I do after 25 + years of doing psychological counseling. I was also told that not all Axis I diagnoses qualify for mental health parity which is the opposite of what I have been told.

Many plans are still charging "specialist" rates for outpatient psychotherapy when they are suppose to be only charging primary care co-pay rates. I have a friend in small business who was

told her company did not qualify for mental health parity. I thought that the small business owner was the party who decided whether or not to have mental health parity – not that a health plan could deny them mental health parity because the business had fewer than 50 employees (most of businesses are under 50 employees).

Also, you need to make sure there are no loopholes from “free standing” mental health companies like ValueOptions or OptumHealth where they are not a part of the medical/surgical health plan where these free standing companies can charge higher co-pays/deductibles or have different limits/lifetime maximums than the med/surg plans have.