From: Eegbiofeedbk@aol.com [mailto:Eegbiofeedbk@aol.com]
Sent: Saturday, May 23, 2009 2:47 PM
To: EBSA, E-OHPSCA - EBSA
Subject: Regulatory Guidance USCG-2007-27022 page 19157, II B specific areas 1 and 4

Ladies and Gentlemen,

NEUROFEEDBACK AND QUANTITATIVE EEG

I am a licensed Marriage and Family Therapist and a Fellow in EEG Biofeedback (Neurofeedback) of the Biofeedback Certification Institute of America. I was one of the founders of the International Society for Neurofeedback and Research. I have been in practice since 1980 and practicing neurofeedback (NFB) since 1991.

There are more than 50 studies showing the efficacy of NFB since the late 1960s for attention deficit disorder. The Rossiter and Lavaque study showed it was equal in efficacy to Ritalin. In an adminstrative court hearing and trial, I believe in MN, Dr.John Nash successfully sued BCBS to force it to reimburse NFB treatment to children. This was an objective review of evidence by the court supporting my contention that NFB is a viable treatment and equal to medication. Yet it is still not the law of the land because it was an adminstrative court and despite the evidence BCBS, United Behavioral Health, United Health Care, Medicare and Medicaid refuse to cover this treatment. CIGNA and AETNA occasionally do cover it, depending on plan terms. That is, even as insurers they do not see it as experimental. The former carriers are acting in financial self interest, not in the interest of science or the patients.

The work of Eric Kandel (In Search of Memory) provides the biological basis for showing how repetition of stimulation of neurons alters their growth and structure (for which he won the Nobel Prize). This is essentially what NFB does without the harmful effects of drugs. Furthermore, recent evidence shows that NFB alters brain function (in a

controlled study of ADHD adults) in the treatment group as compared to the control group using fMRI.

The same can be said for its affect on brain injury (TBI or CHI), yet we are not permitted to use this treatment by insurance companies. Medications have been approved by the FDA with as little as 20% or less efficacy, and are paid for by insurers. But NFB that has greater than 80% efficacy for ADHD, >60% efficacy for seizures and 85-90% efficacy in alcoholism (somewhat less for cocaine) is not reimbursable. NFB for TBI is now by statute in Texas an acceptable service that cannot be excluded by an insurer.

Quantitative EEG, a statistical and digitized EEG will not be paid for by insurers if given by a Ph.D. The QEEG is the road map to a proper treatment plan for NFB. Yet there are over 2000 peer reviewed articles on TBI and QEEG alone in the National Library of Medicine (PubMed). In a recent case in Federal District Court for the Southern District of NY, Padilla vs. Greyhound Buslines on defendant's motion for a Daubert hearing (see Daubert v US) to suppress QEEG as novel science, the district court ruled after reviewing the evidence to deny the motion on the grounds that 1) the evidence of efficacy of QEEG was so overwhelming that it is NOT novel science and 2) M.Ds were NOT the relevant community of users but Ph.Ds, neuroscientists and mental health professionals were. The California Supreme Court has made it the law in that State that QEEG is admissable and even its critics admit they use it in the ICU and during surgery to guide treatment, but unbelievably they say it is too experimental to permit it use in outpatient treatment for head injury. That is hardly parity.

I think that the rules should require practitioners to be licensed, show evidence of a high degree of training and supervision and be science based in their practice of NFB and QEEG.

Sincerely yours,

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