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Sent: Wednesday, May 27, 2009 3:03 PM
To: EBSA, E-OHPSCA - EBSA
Subject: Regulatory Guidance USCG-2007-27022

I am attaching a copy of my letter dated May 27, 2009 to Congressman Van Hollen of Maryland. My letter addresses the parity regulations referenced in the subject line. I have been informed that you are reviewing the parity issues.

I realize that your offices provide regulatory review, etc., and are not part of the legislative branch. Psychologists and citizens like me were provided with very little notice about the guidance being developed. My intention is to get my opinions out to all offices and individuals that might be able to influence the development of the guidance.

The Congress voted for parity. The insurance carriers and other corporations--directly through their lobbyists or by means of their consulting firms--have no right to limit parity.

Please contact those of us who provide services and our associations for input on the guidance.

Thank you!

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PO Box 68
Kensington, MD 20895

May 27, 2009

The Honorable Chris Van Hollen
US House of Representatives
Washington, DC

**Re: Regulatory Guidance USCG-2007-27022
Page 19157, II B, specific areas 1 and 4**

Subject: My Comments

Dear Representative Van Hollen:

As you know, I am a Psychologist who works and resides in Silver Spring, MD. I provide neurofeedback (EEG biofeedback) treatment to individuals with attention deficit hyperactivity disorder (ADHD) and substance abuse and mood disorders. This treatment is also effective with individuals who have suffered brain injuries and disorders, including autism, due to accidents, strokes, surgeries, illnesses, and other reasons.

Neurofeedback 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 neurofeedback in the treatment of ADHD, substance use disorders and autism. A recent review of this literature concluded "Neurofeedback meets the American Academy of Child and Adolescent Psychiatry Criteria for Clinical Guidelines for Treatment of ADHD." This means that neurofeedback meets the same criteria as medication for treating ADHD. Please keep in mind that sixty percent of prescriptions for ADHD are in fact prescribed "off label." The Guidelines recommend that neurofeedback "should always be considered as an intervention for this disorder by the clinician." In addition, it is essential to note that the long-term benefits of neurofeedback have been established.

For many conditions classified as "mental health issues," neurofeedback has been denied by Georgia Medicaid, Aetna, United Behavioral Health, Blue Cross, Cigna, and Amerigroup.

This is limitation of an effective and validated treatment for a mental health or substance abuse problem. The reasons given by the insurance companies for this denial fall 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 neurofeedback. 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, in particular, the prescribing of medications.

There are many routine medical/surgical procedures which have far fewer controlled studies establishing their efficacy than have been documented. Such medical and surgical procedures are generally not limited because of concerns about how many controlled studies have been performed establishing their efficacy. Further, the surgical procedures are, by their nature, more invasive and, inherently, involve the risks of all surgeries.

In my opinion, 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 medical/surgical benefits. I believe that plans cannot be more restrictive in their managed care criteria and reviews for mental health and substance abuse disorders than they are for medical and surgical interventions. Today, plans are very restrictive in how they review evidenced-based mental health and substance abuse treatments. They are far less restrictive in the review of medical and surgical treatments. This deference to medications and surgeries violates both the intent and letter of the parity statute.

I am asking that the regulations clarify that treatments for mental health and substance abuse diagnoses, among others, must be offered at full parity. In my opinion, the insurance companies and their cohort managed care organizations (often co-owned) must comply with all parity laws and regulations. They are not entitled to limit effective care under parity.

I fully appreciate that you serve in the legislative branch. Still, you need to represent the needs of psychologists and their patients in all forums. I will be sending a copy of this letter to the following email address: E-OHPSCA.EBSA@dol.gov. Sadly, the exact office identity has not been provided to me or others.

Please know that I consider this matter to be urgent.

Thank you for your consideration.

Yours truly,

Carol Lee Hilewick, PH.D.
Psychologist