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To: undisclosed-recipients
Subject: Comments regarding Regulatory Guidance USCG-2007-27022

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page 19157, II B specific areas 1 and 4

From: Edward Jacobs, Ph.D., BCIAC

RE: Request to require reimbursement for Neurofeedback, an innovation in mental health treatment

EEG biofeedback or Neurofeedback implements special technology as an effective non-medication treatment for ADHD, Autism, and chronic depression, anxiety and other mental health disorders. It also speeds up treatment for trauma, such as many returning Iraqi vets have suffered. No other treatment is as broadly effective. Yet it's unavailable to most people who need it.

REIMBURSEMENT REFUSED

As one of the few effective treatment options to medications- one few reported side effects, it should be reimbursed by insurance plans and Medicare. Reimbursement is usually refused. As a result, only clients who can afford to pay cash usually have access to this treatment.

Neurofeedback is increasingly prescribed by doctors, psychologists and mental health therapists who deal with these problems. That's because:

- 1) Medications often are incomplete treatment, leaving symptoms that reduce performance in school or work - with huge unseen productivity losses.
- 2) Medications can create increasing side effects over time.

These two issues INCREASE MENTAL HEALTH CARE COSTS over time. In addition, it contributes to huge hidden costs related to millions of people struggling to perform in school, in work, or in managing their lives.

REDUCED MENTAL HEALTH COST

Neurofeedback is an innovation that uses technology to REDUCE mental health treatment over time.

AMERICAN PSYCHIATRIC ASSOCIATION

For the last 6 years, the American Psychiatrist Association has sponsored a course on neurofeedback at their annual conference to help educate more psychiatrists about its implications in treatment. There's still very little funding of this modality as well as

reimbursement, which tremendously inhibits exposure to the broader psychiatric community.

RESEARCH BASED

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 to medication for treating ADHD, and that EEG biofeedback "should always be considered as an intervention for this disorder by the clinician".

REIMBUSMENT DENIED.

This service has been denied by Medicaid, Medicare, Aetna, United Behavioral Health, Blue Cross, Cigna, Harvard Pilgrim Medical Associates, Tufts Health Plans, and Amerigroup.

This is limitation of a n effective and validated treatment for a mental health problem. The reasons given by the insurance companies for this denial fell into two categories:

- 1) our insurance 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.

I 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 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=2
0continue.

Sincerely yours,

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