

# PUBLIC SUBMISSION

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**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-2009-0008-0108](#)

Comment on FR Doc # E9-09629

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## Submitter Information

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## General Comment

I am a clinical social worker who specializes in pain management. As our population ages, we need to have robust treatment options for individuals with chronic pain. There is empirical evidence that chronic pain and mental health conditions are often comorbid conditions. The ability to use various methods of biofeedback and neurofeedback (also evidence based treatment protocols) provide ways for patients to gain control of their mental health emotions and physical response that without viable options leads to pain and the high cost of pain medications and continual rehabilitation treatments. In an era when we need to reduce healthcare costs and still provide the coverage people need for mental health conditions (lets remember, the mind and emotional neurological response are still body medicine) it seems much more cost effective to teach people to manage their symptoms through biofeedback and neurofeed than to provide a lifetime of chronic medication use and accept that they will have lower to no productivity because chronic pain.

Biofeedback and Neurofeedback provide patient tools that are time limited in learning and cost and a lifetime of benefit.

Many of the insurance carriers which patients utilize provide little or no coverage for bio/neurofeedback treatment. It appears they are just uninformed about the cost containment that such treatment provides for patients who have mental health disorders and get hurt as well as individuals with chronic pain whose source is injury and poor adaptive mental health skills.

Please make a place in the regulation of the parity act for treatment that is effective and cost containing and will help our younger and older populations to self manage their own symptoms on a long term basis after short term treatment.

Also, I know that you are focused on the enforcement of the statute for mental health equity and that this addresses only those members who have group policy coverage. However, I am also highly concerned that the parity act did not address mental health treatment parity for persons with individual policies, treating those who do not have group policies as if their mental health is separate from their physical health. We've started down the correct road. Now we need to go back and pick up the pieces the statute left behind. For example, a 17 year old child with OCD, obtaining an individual policy because she is not out of school and her parents do not have the income for or access to a group policy pays for individual healthcare coverage, who can't get coverage to speak to a doctor about her status use of mental health medications that allows her to go to school and become a productive member of society. Why?

I support the work being done now by the regulations development group and challenge us to continue to make it better for all citizens of the USA by supporting more statute development in this area.

Thank you for reviewing my comments. Linda Yegge-Brannon, LCSW in Oregon