

February 26, 2020

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Via Overnight mail and email

Dear Dr. Dauphin and colleagues,

Thank you for bringing your concerns to our attention. We at Lyra Health work to promote better access to mental health services. I imagine we share many of the same objectives and we are certainly willing to listen to your feedback.

First, please let me share some relevant background. We are not an insurance company and do not make any such claims to that effect. Through our partnership with licensed mental health providers, Lyra provides access to a curated network of behavioral health professionals through an Employee Assistance Program ("EAP"). As an EAP, Lyra is focused on promoting access to short-term evidence-based therapy for employees and their dependents. The average Lyra client sees their provider for ~10 sessions. Longer term treatment that exceeds employer-selected EAP session limits can be accessed through their health plan or through self-pay.

Given our role as an EAP, we partner with clinicians who specialize in short-term, evidence based treatment, and thereby we can ensure that our clients have the ability to receive a full course of short-term therapy within their EAP benefit offering.

Many of the psychoanalysis studies cited in your letter were conducted over a long term relationship between provider and client. See e.g. Leichsenring and Rabung 2008, 2011. Even the studies that looked at "short term" therapy did not have a consistent definition of "short term" and included averages of 37 weeks of treatment, 30.7 sessions, or a broad category of

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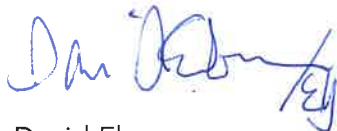
"< 40 hours". Shedler, 2010, n. 101. As I described above, as an EAP we are focused on care that is significantly shorter in duration than described in the referenced studies.

Our white paper represents our view in the marketplace of ideas. While we disagree with your characterization of the white paper as false and misleading, we respect that there are differing opinions and studies discussing the effectiveness of psychoanalysis -- and indeed there are multiple therapies that exist under the umbrella of "psychoanalysis". Therefore, after considering your feedback we will update the white paper to be more specific about the types of psychoanalysis, such as Freudian psychosexual theory, we are uncomfortable supporting in our program. We also want to acknowledge that there are psychodynamic treatments with demonstrated efficacy. For example, Lyra partners with providers who use interpersonal psychotherapy (IPT), which is often classified as a psychodynamic approach, in the treatment of depression.

Please recognize that because we are primarily supporting clients in the EAP space focused on short-term treatment, we are not "restrict[ing] access to a beneficial treatment." Clients who require longer-term behavioral health support retain the ability to seek care through their health plan, and our client support team will refer these clients to their health plan for care.

Thank you for your interest and dialogue.

Sincerely,



David Ebersman  
Chief Executive Officer