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Sent: Monday, May 11, 2009 9:31 AM
To: EBSA, E-OHPSCA - EBSA
Cc: Ashton, Kimberly D CTR USAF AETC 81 MDG/SGHU
Subject: MHPAEA of 2008

Good Morning,

For too long, the mental health aspect of healthcare has been restrictive and cumbersome for some of the most vulnerable Americans. This must change as mental health is as important as physical health. Limiting one's access to care for Diabetes or Hypertension would not be tolerated, yet, everyday patients are denied care by insurance companies for Mental health diagnoses.

On a personal note, my 16 year old daughter was covered by my spouse's insurance company for inpatient mental health care only. The policy allowed for NO outpatient care but did cover mental health medications. What sense does this make? We paid \$125 per visit out of our pockets for her to receive follow up care with a psychiatrist after her inpatient hospitalization and to obtain her medications to prevent further inpatient stays. The insurance company chose to pay a \$23,000 inpatient bill as opposed to outpatient visits. Properly managed mental health patients can avoid inpatient stays for the most part.

Thank You,

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