From: Luda Shuster [mailto:ludashuster@pacbell.net]
Sent: Wednesday, May 27, 2009 3:56 PM
To: EBSA, E-OHPSCA - EBSA
Subject: Attention: MHPAEA Comments

-- What other financial requirements or treatment limitations do plans currently impose beyond those listed in the law? How are these limitations or requirements imposed on medical or surgical benefits and how are they imposed on mental health or substance use disorder benefits? Are these imposed differently to each class of benefit, and do plans vary levels of coverage within benefit categories?

The most crippling limitation is very small group of mental health professionals who are in-network. My observation that it's caused by two factors: 1) very low remuneration and 2) excessive and stifling paperwork requirements. With my (great)insurance I have access to dozens of medical specialists in three different clinics, so finding the doctor right for me is not a problem. Compared to that there are only 3 psychiatrists available to me in-network – disparity is overwhelming and very punishing. Establishing a requirement of having the ratio of psychiatrists on par with let say neurologists or endocrinologists available within the network would solve this problem. Also it would eliminate an arduous process of searching for psychiatrist.

Regards,

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