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From: <[christie@twinsandcompany.com](mailto:christie@twinsandcompany.com)>

Date: Thu, Mar 3, 2022 at 9:04 AM

Subject: MHPAEA

To: [public\\_comments@difi.az.gov](mailto:public_comments@difi.az.gov) <[public\\_comments@difi.az.gov](mailto:public_comments@difi.az.gov)>

Hello and happy Thursday,

I believe that mental health should be treated no differently than physical health by insurance companies.

The purpose of Jake's Law is to require state enforcement of federal laws and regulations that end insurance discrimination of mental health and substance use conditions. To do this, the Department of Insurance and Financial Institutions needs strong rules that ensure insurance companies are transparent about their plan designs, especially more complicated areas of a plan's design like nonquantitative treatment limitations and medical necessity criteria. These are managed care practices like prior authorization and fail first requirements, prescription formulary design, medical management standards like medical necessity criteria, provider admission standards, exclusions for failing to complete a course of treatment, and other limitations on the scope or duration of benefits.

Most parity violations occur within managed care practices. Parity compliance cannot be determined simply by looking at a plan's covered benefits. The most profound and consequential barriers to mental health and addiction coverage occur in plans' NQTLs. Understanding whether those barriers exist requires a robust comparative analysis as required by Jake's Law.

Please do not let the insurance industry weaken the rules implementing Jake's Law. Please ensure there is maximum transparency regarding NQTLs and medical necessity criteria.

As a suicide survivor who also lost my Dad to suicide, I'm begging for your help with this matter.

Thank you,  
Christie

\* I type too fast, so please excuse silly errors!

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