From: Grace Huntley
To: EBSA MHPAEA Request for Comments
Subject: Mental Health Parity and Addiction Equity Act (MHPAEA) comment
Date: Wednesday, July 26, 2023 3:07:12 PM

Hello,

I'm reaching out to add my voice to that of other mental health providers who are advocating for greater parity between mental and physical healthcare coverage.

For the last 2+ years I've run a telehealth private practice serving men and women of color, largely first or second generation immigrants and transracial adoptees, populations that have typically been underserved but represent a high need for services.

Currently I accept insurance (Aetna and Optum). About 90% of my caseload is receiving treatment through insurance. I'm glad to be able to serve this community, many of whom have not sought care before due to financial barriers, stigma, and lack of access/culturally congruent providers.

However, even though I love serving my caseload, I'm considering going out of pocket come January 2024. The reality is that the reimbursement rates under insurance are less than half of the average out of pocket rate in NYC where I practice. The costs of running a business necessitate a high number of clients to cover the bills and still generate a living wage. More and more this has seemed like a recipe for burn out, especially as student loans start up again in October.

I would love the opportunity to continue to serve my caseload and high needs population while also being reimbursed at a rate that reflects the extensive education and training requirements of my field (Masters degree, 600 hr clinical internship in school, 3,000 hours after graduation under supervised of a licensed provider - usually 2 -3 years.) During the training period, most providers take low-paying jobs that often don't come with benefits. This means that low income individuals either need to forgo earning a living wage and building generational wealth even longer or that only financially privileged individuals enter the field.

My partner works as a nurse in NYC, another underpaid profession, but even with an Associates degree, he is guaranteed a higher starting salary and benefits.

If enforced, this rule would make it possible for providers to remain in the field and continue to accept insurance, increasing access and better ensuring therapeutic fit and alliance which has a direct result on treatment outcomes.

And, if you wanted to add in a clause that allowed accepting insurance to count for PSLF, I wouldn't hate that either.

Thank you,
Grace Huntley
Licensed Mental Health Counselor in NYC