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To: [EBSA MHPAEA Request for Comments](#)
Subject: Mental Health Parity - Advocating for Higher Rates for Group Treatment!
Date: Wednesday, July 26, 2023 3:49:56 PM

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Good Afternoon,

I'm writing to add my voice to the conversation surrounding parity rules to increase patient access to mental health care.

I specialize in group and family therapy because - if you ask any clinician what the first step is for anyone looking for mental health treatment - they'll tell you that initial treatment always focuses on building skills to manage symptoms first!

In 60 min group sessions of 4-8 clients, I teach evidence-based strategies from Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Eye Movement De-sensitization and Reprocessing Therapy, and Trauma Center Trauma Sensitive Yoga - all of which have been proven by randomized control trials to be effective in reducing symptoms of anxiety, depression, suicidality, and trauma.

I made the choice to go in-network with several major commercial insurance providers in order to reduce the out-of-pocket amount clients would be responsible to pay for sessions.

Interestingly enough, many insurance providers have reimbursed me an amount that is less than the \$25 copay many clients have for care. This means that while I could earn \$100+ for an individual session with a client I'm instead making on average less than \$100 a session for a group of 4 people to teach them the same skills they might learn in individual therapy.

While I have taken on individual clients to supplement my income as a therapist, I am faced with financial insecurity while I make every effort to provide high quality care that is affordable to all of my clients. I'm seriously considering ending my in-network contract with insurance providers because I cannot sustain my income with the rates insurance reimburses for groups and individual sessions alone.

Unfortunately, that would mean that access to my services would only be available to the middle- and upper-class clients who can afford out-of-network rates.

This cycle of continues to disenfranchise working class clients and people of color who have been historically oppressed by lack of access to education and healthcare.

Payers really have no argument when it comes to the reimbursement rates for group and individual therapy. The low payment rates make it nearly impossible for passionate therapists like me to try to make waves in the mental health crisis with innovative approaches to care like high quality therapy groups. My services are a lot less expensive than multiple inpatient psychiatric hospitalization.

Before starting my own business, I worked as a school counselor and an inpatient social worker. I opened my own practice to provide the treatment that I saw was lacking in these settings. I worked at the hospital for 8 months and during my employment many of my child patients ages 5-12 had been admitted to the unit more than once. We need higher quality community-based programs like mine - unfortunately insurance just doesn't want to pay for it.

Please let me know if you have any questions and I appreciate your openness to hearing my perspective as a clinician working in the field trying to find creative solutions to support kids, youth, and families in crisis.

Thank you,

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