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To: [EBSA MHPAEA Request for Comments](#)
Subject: Mental Health Parity 2023
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Dear DOL Committee and Others,

I'm writing to express my experiences and concerns about the enforcement and implementation of the new mental health parity announcement by President Biden.

The current insurance reimbursement rates are abysmal and do not constitute living wages for mental health therapists. A reasonable caseload for therapists is 15-22 clients/week for short 45 minute sessions. More importantly, 45 minute sessions have very little research support and most research supports longer sessions of 60-100 minutes for issues which include but are not limited to therapy anxiety, trauma or relationship issues— all 3 of which which are my clinical specializations. So, 80-100 minute sessions should be consistently reimbursed by insurance agencies since that is the standard of care and supported by research code. CPT code 90837 for 53+ minute sessions should be the minimum standard reimbursed on the low end which many insurance companies refuse to reimburse consistently or all together.

I have been in practice for over 20 years. After 17 years of working “in the trenches” as a social worker and therapist, I went exclusively into self-pay (out of network for all insurance companies) private practice because I couldn't afford to live and support my family to live—even very humbly and modestly—based on health insurance reimbursement rates and I couldn't sustain seeing nearly 40 clients per week as required by agencies. As a result, I do not contract with or work any insurance companies which means I'm only able to see clients who can afford to pay me out of their health savings account or out of pocket. I should not have to choose between being my financial well being and my clients. Yet, that is exactly what insurance companies have been requiring mental health therapists to do for several decades.

If the government truly values and wants to create mental health parity, it will require insurance companies to dramatically increase insurance reimbursement rates so that all people can access mental health care and so that mental health therapists can afford to be in-network with insurance companies. Choosing to help people for a living (and having spent a minimum of 6 years in college and graduate school just to begin doing so) shouldn't require mental health therapists to sacrifice their own financial and mental health to do so.

Sincerely,
Christy Kobe