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**To:** [EBSA MHPAEA Request for Comments](#)  
**Subject:** Mental health parity  
**Date:** Sunday, August 6, 2023 11:48:42 AM

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Good morning,

I would like to share with you what it's like being paneled with an insurance company as a mental health provider. Insurance companies, one of the worst being United, don't want to pay for services; and then they don't make it easy to find out why they're not paying. United will send a letter vaguely explaining a list of possible problems with a claim without any clarity on which thing might be the problem. So therapists will sit staring at their claims and paperwork trying to understand what the discrepancy is. Calling the provider line is not helpful at all. They'll parrot back the same language as the vague rejection. Meanwhile, you're not getting paid, and you don't know how to rectify it. Most therapists are solo business owners and can't afford to contract or hire a billing specialist (mostly because the insurance companies aren't paying enough to afford outsourcing like that), so therapists are busy seeing clients, word-smithing to avoid claim rejections, and then fighting with vague rejections anyway. After many long phone calls with United, our above poor soul finally finds out, btw, that they're claim was rejected because United doesn't cover a certain billing code. This, however, was not among any of the listed possible reasons for the rejection, and this one exceptional call center employee finally revealed the elusive problem. Weeks of revenue lost or delayed.

Additionally, solo business therapists cannot negotiate with insurance panels (and if they can, they aren't taught how. It's not a commonly known practice that therapists generally know about IF it's even possible). As a result, individually paneled therapists (as opposed to those who contract with a company like BetterHealth or the like) get trapped in clawback situations. They will file a claim, get paid, and several months later will get a letter demanding that money back, clawing it back from you, because an error was made ON THE PART OF THE INSURANCE COMPANY. They tell you -they- made a mistake and shouldn't have paid this claim. -You- are now responsible for coming up with money you have now paid yourself and spent (remember, this happens months later), and now you have to come up with hundreds of dollars to pay back...-immediately-. This is a crime.

Many insurance companies still limit care for certain diagnoses. They demand a person go through several life threatening relapses before they'll pay for a residential treatment program. They pay a fraction of what a therapist is worth causing therapists to have to double their patient load just to survive.

This doesn't make for good mental health care, although it -does- provide care to more people but at a serious cost. The therapist is burned out trying to get a living salary by seeing more people than they can adequately provide quality service to. Sure, more people are being seen which makes for good statistics and reports, but it's not QUALITY mental health care. And it's not sustainable for therapists. It hurts both patients and therapists, but the insurance companies win. Insurance companies can also dictate if a person can be seen through telehealth vs in-person, which, frankly, is none of their business let alone is outside of their expertise. Telehealth has benefited so many, and now certain insurance companies are going to demand in-person visits again.

There's even more that causes a therapist to go out of network, or worse, leave the field than what I've listed here. This is tragic. This causes a bottleneck for patients. Therapists want people to get help. Therapists also need to get paid well doing this. Therapists paid and pay a lot of money to become a therapist and maintain licensure. Insurance companies don't take into account the added costs of many additional hours each year to keep educated and fresh on skills which is required for maintaining licensure. This doesn't even take into account a healthy work-life balance which benefits therapist and client as explained above. So...therapists quit panels or quit the field.

If you want to make mental health care a priority in our country, take my words seriously. Insurance companies need reigning in. Many therapists WANT their patients (and the general population) to be able to use their insurance

for mental healthcare. Because insurance companies minimize the importance of mental health (and frankly, our law makers do, too, despite the lip service), people can't seek the help they need -and- then tell themselves "meh. Mental health isn't that important. It's only for 'crazy' and weak people. I'm fine." No. You're not. And you deserve some well-trained objective help. You, and our world, deserve this care. It is vital to our species, our commerce, our families, our nations, national security. It's. So. Damn. Important.

Our government and insurance companies can rectify this. I implore you to do so.

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