

**From:** [REDACTED]  
**To:** [EBSA MHPAEA Request for Comments](#)  
**Subject:** Support for MHPAEA enforcement  
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Hello,

My name is [REDACTED], I'm an LMHC ([REDACTED]) in Massachusetts.

I support the proposed rule updates to enforce greater compliance with MHPAEA law, however it woefully lacks real-world and meaningful negative consequences for major health plans and insurers.

I have not practiced professional counseling under my LMHC license in over 5 years, and there is a direct line of reasoning for that which stems from the intentional, widespread systemic violations of parity law.

Let me be clear:

The relentless ripple effect from parity non-compliance manifests as a compounding series of challenges that threaten the very core of sustainability for mental health and substance use providers. Many of us, especially in regard to outpatient services, are operators of small local businesses. Financial strains deepen as inadequate reimbursement rates persist, chipping away at the resources needed for comprehensive and high-quality care delivery. Reduced revenue curtails providers' ability to invest in crucial aspects of their practices, such as staff training, technological advancements, grant-writing, and ultimately hampering the overall quality of care they can offer. The consequences extend to the recruitment and retention of skilled professionals, as the allure of fair compensation diminishes, leading to staffing shortages, increased workloads, and burnout. This impacts the availability of mental health and substance use disorder (SUD) treatment services, thereby limiting patients' access to the care they require. As the network of available providers continues to narrow due to non-compliance, consumers find their choices restricted and their prospects for effective treatment dimmed. The community fabric frays as the viability of mental health and SUD treatment is explicitly undermined, directly harming the well-being of those who rely on these critical services.

I will not personally participate, nor do I advise any other practitioners new or seasoned to participate, in our healthcare system until the intentional and willful harm displayed by health plans and insurers is brought to justice in a way that at least ensures a mental health professional can earn livable wages under a workload that won't dysregulate and/or traumatize him/her/them.

I dedicated my entire professional life to becoming a mental health professional and at age 36 I have literally nothing to show for it but ongoing GI/gut health issues, trauma reactivity, and student loans I cannot afford to repay.

Thank you,  
[REDACTED]  
[REDACTED]