



Behavioral Health Providers Coalition of Virginia

Support **HB656 (Willett)** and **SB524 (Deeds)** **Lack of Mental Health Access is Due to the Parity Problem**

Mental health parity legislation aims to **ensure equal access** to mental health and substance use disorder treatments compared to medical and surgical care.

Mental Health Care is increasingly difficult to access in Virginia

- The Bureau of Insurance receives **2x more complaints regarding access to mental health coverage** vs. medical services.
- Virginia currently ranks **38th in availability of providers** according to Mental Health America.

A majority of clinicians do not accept or are considering dropping a type of insurance

- Patients **pay significantly more** for mental health compared to medical/surgical due to provider non-acceptance of insurance (49%) and lack of coverage
- Mental Health Provider networks show **only 37% providers actively participating (receiving payment)**, and **patients go out of network 22x more often** for psychologists, leading to **high patient costs**

This is because insurers are out of compliance with the parity law

- The 2021- 2025 Virginia Bureau of Insurance reports deemed **ALL insurers non-compliant** with federal Mental Health Parity and Addiction Equity Act with **no improvement over the past 5 years**.
- Virginia carriers **consistently reimburse lower rates** for mental health
- There are currently **no effective enforcement measures in place**.
- **Denials** occur more frequently for **emergency mental health care (36% more often)** and **substance abuse services (51% more often)**

Every parity violation causes harm to Virginians in need

- When Virginians cannot access mental health treatment, mental health conditions can escalate, putting a **strain on public services** and can escalate **thoughts of suicide, substance abuse, strained relationships, and financial and legal problems leading to reduced quality of life**

It's time for a new chapter in parity law for the benefit of all Virginians.

In alignment with legislative trends in other states, we are advocating for:

Strengthening parity laws to improve access to care

Network adequacy standards

Mental Health Conditions defined by professional diagnostic manuals, not by insurers deciding what counts for coverage

Collection of targeted data to identify parity violations causing unequal treatment, administrative burden, and low reimbursement

Real effects in Virginia

Our coalition sent a survey to Virginia clinicians to directly understand their experiences with insurance. Here is what we found.

Widespread Representation

306 respondents
55 counties and cities



Main issues

1. Claims denials
2. Low Reimbursement vs Medical/Surgical
3. Administrative burden
4. Reversed Claims (clawbacks)
5. Inability to Resolve Issues with Insurers

Clinicians are leaving/limiting insurance

- **86% of clinicians surveyed do not accept or are considering dropping a type of insurance.**
- **Network participation** (providers paid) has **decreased from 50% to 37%** over the past two years.
- In 2024, **SUD claims denied 51% more often**
- **973 members** per substance use provider
- **Appeals Fail 64% of the time** for Mental Health
- Clinicians leaving insurance results in **strain on the public system**
- United Health and Cigna were both **publicly cited for major parity Violations**

We received 187 written responses with one common theme:
frustration with insurers

“There is too much of a burden for me to consider paneling with the fact that I deserve to make a livable wage. **I would rather do a sliding scale and offer pro-bono than work with insurance.**”

“I attributed the headaches with insurance as the highest contributor to lower job satisfaction and professional burnout in private practice. I have actually considered leaving direct practice, but instead adopted **my goal to be 100% insurance free by 2026.**”

“**I am a private pay provider solely because of the insurance burden I faced [in other practices].** I created a private pay only practice so I could continue to make what I need to financially to support myself and my family and not get burned out. I truly go back and forth on insurance frequently as I feel access is so important! I’m hoping there can be changes to make this easier for providers.”

“**While I want to accept insurance to increase accessibility for clients, the administrative and financial burdens that insurance comes with can be disheartening and contribute to burnout.**”

I switched from private pay to insurance clients to help more people who need it, **not just those who can afford it.** I have had to substantially increase my work hours to earn what I made previously (one person privately pays double to what insurance pays me).”

For more information, including coalition background, data sources, and survey results, please visit www.behavioralhealthcoalitionva.com

The Behavioral Health Coalition of Virginia represents:

Virginia Counselors Association
Virginia Council of Nurse Practitioners
National Association of Social Workers- Virginia
Virginia Association of Clinical Nurse Specialists
Virginia Association for Behavioral Analysis
Virginia Association of Addiction Professionals
Virginia Mental Health Counselors Association
National Association of Black Counselors-Virginia
Virginia Academy of Clinical Psychologists

Psychiatric Society of Virginia
Virginia Society for Clinical Social Work
Virginia Association for Marriage and Family Therapy
Virginia Association for School Psychologists
Charlottesville Mental Health Consortium
Stakeholder Groups:
Mental Health Virginia
SAARA

