



Behavioral Health Providers Coalition of Virginia

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 insurance

- Patients **pay significantly more** for behavioral health services compared to medical/surgical due to provider non-acceptance of insurance (49%) and lack of coverage for sought treatments (20%)-NORC study
- Mental Health Provider networks have **only 37% participation**, and **patients go out of network 22x more often** (RTI) for psychologists, leading to high costs

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

- The 2021- 2025 Virginia Bureau of Insurance reports **all** deemed **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 enforcement measures in place**.
- **Denials** occur more frequently for **emergency mental health care and substance abuse services**

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:

Enforcement of 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**

**Specificity in the law to close loopholes for disparities in
reimbursement and patient treatment**

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. Reimbursement rates
2. Inability to resolve issues on calls with insurance
3. Administrative burden of insurance requirements
4. Clawbacks/Retroactive denials risk
5. Claims denials

Clinicians are leaving/limiting insurance

Clinicians who spend 20+ hours per week on direct client care refer out an average of

6 clients per week

because they do not accept their insurance

68% of respondents have moved or considered moving from public sector to private practice

To what extent did insurance issues affect this?
Half said **extremely** (5/5) or **significantly** (4/5)

86% of clinicians surveyed do not accept or are considering dropping a type of insurance. Network participation has decreased from 50% to 40% over the past year.

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 Analysts
Virginia Association of Addiction Professionals
Virginia Mental Health Counselors Association

National Association for 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

