

**From:** [Laura Rothwell](#)  
**To:** [EBSA MHPAEA Request for Comments](#)  
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My name is Laura Packard, and I am a social worker who provides mental health services to individuals. I am on my third job relocation, continuing to look for positions that allow me to provide quality care but still make ends meet. I spend 55 min with a client, I can't double book for no-shows or late cancels, and my reimbursement rate keeps me looking. That isn't fair to clients. Anyone with government health care is stuck at agencies with low rates and constant turnover. I have moved to a small group practice, but if things don't change when I get my LICSW, then I will open a private practice out of network due to needing to pay my bills but also loving what I do. We don't want to do that; we want to work with our clients and provide stability in their treatment, but insurance squeezes water from rocks. Clients are suffering because clinicians are suffering. Insurances pay the minimum while we have Masters and PhDs and Doctorates. Why isn't mental health care as critical as physical medical care? Our clients benefit from being able to start and continue their wellness journey with the same clinician, and most of the time, clinicians are leaving due to burnout from high caseloads to afford their bills. Quality, equitable health care comes from providers being compensated fairly for their time so they can focus on the client and not their number of clients.

Increased reimbursement rates for clinicians will improve the quality care and accessibility of that care, decreasing the burnout of clinicians and slowing turnover. It will encourage new clinicians to enter the field and reduce the waitlists, and lack of availability clients currently face. I hope this is considered.

Sincerely

*Laura Packard, LCSW*

Pronouns: She, Her, Hers