

Honorable Glenn Youngkin  
1111 East Broad Street  
3rd Floor  
Richmond, VA 23219

March 6, 2025

**Re: In strong support of HB 2738**

Dear Governor Youngkin,

We write from the American Academy of Child and Adolescent Psychiatry (AACAP), the Virginia Council of Child Psychiatry, the Psychiatric Society of Virginia, and the Washington Psychiatric Society, representing all Virginia psychiatrists, psychiatry fellows, psychiatry residents, and medical student members, in strong support of HB 2738. **HB 2738 gained broad, bipartisan support when moving through the legislature and we write to ask that you sign it into law.**

HB 2738 is a common-sense bill that would require state-regulated health plans to use nationally recognized medical necessity criteria developed by non-profit physician specialty societies representing adult psychiatrists, child and adolescent psychiatrists, and addiction medicine physicians, as opposed to proprietary guidelines developed by the health plans.

Service intensity and level of care tools including the ECSII,<sup>1</sup> the CALOCUS-CASII,<sup>2</sup> the LOCUS,<sup>3</sup> and the ASAM Criteria provide a common framework for making decisions on the level of service intensity needed in the behavioral health treatment of adults and youth, to guide treatment needs and support outcome monitoring. Equitable access to evidence-based behavioral health care is a fundamental pillar of state and federal mental health and substance use disorder parity laws. And states are increasingly adopting policies that

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<sup>1</sup> Early Childhood Service Intensity Instrument (ECSII), developed by the American Academy of Child and Adolescent Psychiatry, for youth ages 0-5.

<sup>2</sup> Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII), jointly developed by the American Academy of Child and Adolescent Psychiatry and the American Association for Community Psychiatry, for youth ages 6-18.

<sup>3</sup> Level of Care Utilization System (LOCUS), developed by the American Association for Community Psychiatry, for adults.

require health plans to use nationally recognized medical necessity criteria developed by non-profit physician specialty societies.

Allowing health plans to use proprietary, financially based medical necessity criteria will more likely result in disrupted or denied medically necessary behavioral health care and complicate efforts to gauge whether health plans are complying with state and federal mental health parity laws. [A recent report](#) shows that inpatient mental health care in Virginia is 11.2 times more likely to be out of network than medical/surgical care, and outpatient mental health care in Virginia is 10.4 times more likely to be out of network than similar medical/surgical outpatient care. Overall, psychiatry visits are 13.5 times more likely to be out of network in Virginia than compared to medical/surgical specialty physician visits. Such long-standing inequities that lead to poorer health outcomes, patient harm, and overutilization of health resources can be curtailed with the use of non-biased transparent medical necessity criteria, as required by HB 2738.

We respectfully ask you to sign HB 2738 into law to protect Virginia patients, families and communities affected by the national mental health crisis. For any questions, please contact Emily Rohlffs, American Academy of Child and Adolescent Psychiatry at [erohlffs@aacap.org](mailto:erohlffs@aacap.org).

Sincerely,

American Academy of Child and Adolescent Psychiatry

Virginia Council of Child Psychiatry

Psychiatric Society of Virginia

Washington Psychiatric Society

*CC: Honorable Mark Sickles*