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Cc: All Signatories

Subject: Group Letter from 120 EPN Clinicians re: Proposed EPN Fee

Changes Dear Princeton University Counseling and Psychological Services:

We are aware of the changing political climate and the unprecedented challenge to the funding situation at all universities in the US since last year. We also understand that the university wants to prioritize students' needs.

As off-campus clinicians in the Exclusive Provider Network (EPN), we are concerned that the recently proposed drastic cuts to the EPN fee schedule will limit students' access to in-network mental health care providers in the next academic year. We are quite surprised to see the drastic decrease in rates, some as high as a 48% decrease (for the initial session, code 90791). The proposed rates scheduled to take effect in August 2026 are even lower than the 2019 EPN rates for most procedure codes!

We want to express our concerns about the students' well-being. There have been at least 7 suicides on campus since 2021. In addition to the existing challenges with mental health problems among young adults (aged 18-26) in general, the stress from recent restrictions in funding and the issues facing international students at the University already had a negative impact on the students' mental health. Although the co-pay might remain the same, a student might end up paying more because of the limited number of in-network providers. For many students who are from lower income households, the out-of-network costs are not feasible. We often witness significant improvement in students' academic progress and quality of life with stable psychotherapy and pharmacological treatment. However, the proposed changes to the

EPN's fee schedule will limit these students' access to appropriate services.

For example, there has been a recent change in NJ telehealth laws in which patients with ADHD have to be seen in person for the initial appointment and every 3 months in person thereafter. It might be challenging for students to find an in-network psychiatric provider who has availability to see them in person.

We are also worried about the potential increase in intense mental health treatment, such as Partial Hospitalization Programs and Intensive Outpatient Care (PHP and IOP) and emergency hospitalization, and even suicide without preventative care from us. In the end, it will most likely be cost effective for both the students and the insurance company to maintain a robust EPN community. Ultimately, healthy, bright students will achieve higher academic success and contribute to the University and society.

We hope you are able to hear our concerns. We also suggest that you include us in a dialogue before presenting such major changes in the future.

Knowing the mental health challenges of many students at Princeton (we are sure you and your staff are bearing the brunt of it!) and having heard the University say repeatedly that they prioritize the mental health of its students, we are disheartened that the decision was made to cut the clinician rates, and consequently, the benefits, of its Student Health Plan.

We are reaching out today in hopes that there is still time and room for the University / SHS to reconsider the decision to decrease the rates so steeply.

Sincerely,

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Inna Conboy, MD
Gregory Dillon MD
Zindadil Gandhi, MD
Adam Hauser, MD
Steve Resnick, MD
Jagwinder Sandhu, MD
Ying Wang, MD

Dorie Agarwal, Psychotherapist

Fakrat Alapa, LAC

Randi Asher, Psy.D.
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Nancy Barich, LCSW

Karin Belser, PhD

Caroline Black, LCSW

Janet L Black, LCSW

Anna Braverman, PsyD

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Lindsey Jonin, Mental Health Professional

Jess Williams-Joseph, PhD (Jess Joseph, PhD, PLLC)

Susan Kassler-Taub, MSW, LCSW

Joseph Keifer, PsyD, BSN, RN

Laura G. Kogan, PsyD

Heather Kong, LCSW

Kristy Lauricella, LCSW

Molly Lependorf, PsyD

Julia Little, LCSW, Psychotherapist

Judith Margolin, PsyD

Andrew Martin, PsyD

Victoria Martin, LCSW

Emily Mattek, primary therapist and owner of Restoring Spirit Therapy

Ariel Maust, LCSW

Linda McDonald, LCSW

Robert Miller II, PhD

Cristina Moro, PhD

Yvette Murry, LCSW

Sudha Nagarajan, PhD, LCSW

Assenka Oksiloff, LPC

Jamie Norton, LCSW

Parantap Pandya

Natasha Patel, LPC

Tracey Post, CEO Princeton Center for MindBody Healing

C. Louise Profit, LCSW

Jill Richards, Clinical Psychologist

Adam Rifkin, MA, LPC, NCC

Dr. Nicolette Rittenhouse-Young, Psychologist and Founder of Positive Change Psychological Services

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Chris Wei, LPC

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Mark S. Woodford, PhD, Psychotherapist

Sarah Yang Mumma, PhD

Dr. Sandra Yarock

Comments from Clinicians

- Princeton's own Mental Health Task Force report from May 1, 2026, affirms the importance of expanding access to specialized, community-based mental health care.

Off-campus clinicians are not peripheral to this system — they are an essential part of it. Reducing reimbursement rates is short-sighted — it risks decreasing provider participation, limiting student access to specialized treatment, increasing strain on CPS, and undermining the University’s stated commitment to student well-being and mental health accessibility.

We are a highly specialized, passionate group of mental health professionals with hard-earned knowledge and skills working with issues relevant to the student population such as: perfectionism and burnout; suicidality and risk assessment; high-achieving student populations; autism spectrum presentations; multicultural identity development; first-generation student experiences; LGBTQ+ affirming care; trauma-informed treatment. Post-pandemic mental health demand among students is still elevated. Reducing access now sends a bad signal and creates real harm when the need is highest.

Additionally, inflation means the rates for clinicians were already effectively cut year over year. A cut on top of that is a double hit — providers have been absorbing losses for years.

Finally, peer institutions continue to emphasize maintaining broad access to off-campus mental health care and sustainable provider networks for students. Universities compete on student wellness. Poor mental health access shows up in surveys, rankings, and word of mouth. It’s a reputational risk.

- I am distressed. Our costs have gone up - especially those of us who rent near the university. It's very concerning.
- We (providers and students) are having a hard time surviving in the current socioeconomic/political climate too!
- In this climate, reduction of fees that are already well below market rate for necessary clinical services seems very unfortunate.
- It's not actually all universities. Princeton was previously low compared to Rutgers. 90837 at Rutgers pays \$200 compared to Princeton's previous \$180. Rutgers remains at \$200 making the gap even more significant. Princeton EPN would be wise to switch over to RU.
- Though there may not be an immediate effect, the lowered rates will likely cause higher attrition and fewer mental health professionals joining the network.
- I sincerely hope that Princeton will reconsider the value of community mental healthcare providers for Princeton University students. We are a vital resource that keeps students safe and on track to graduate.
- It has been a pleasure to support the wellbeing and growth of Princeton University students and couples. The level of financial remuneration was generous and respectful of the expertise I and others bring to our work with students. I hope you will reconsider the deep and unexpected reductions proposed for August 1.
- I was asked to be a part of this plan due to my expertise in working with gender diverse

and neurodivergent individuals. I will not be able to stay on it without adequate compensation.

- The EPN is primarily comprised of highly trained and experienced clinicians knowledgeable about young adult mental health and development and specifically acquainted with the rigors of academic life in a highly challenging and stressful environment like Princeton. Keeping this collective accessible and available to Princeton Students should remain a top priority for a university that is claiming to prioritize student's mental health. This is especially essential following at least 6 student deaths by suicide over the last 6 years. Reducing the fee of this collective of experts increases the likelihood that there will be fewer appointments available and fewer clinicians willing to see students at these lower rates. This is much more likely given that corporations such as Alma and Headspace are paying clinicians at a much higher rate than the current and proposed fees offered to EPN clinicians. I urge you to reconsider the impact of a decision to reduce the fees of the most experienced clinicians available to Princeton Students; those who have been providing mental health services successfully to students for years.
Thank you
- The two prescribers I have been referring to are no longer taking new students—one is discontinuing with SHP and the other will after a year. The wait time to see a psychiatrist will only get longer and students will be negatively impacted. This is very concerning to see the strong support network built for students falling apart and colleagues I have worked with for years leaving.
- It is also perplexing that an institution, such as Princeton University, would decide to cut in network therapist rates for clinicians that the university significantly relies upon to improve and maintain the well-being of its students. This, without any expressed concern, for the financial impact on providers. We urge you to protect the welfare of your students and respect the work of providers by reinstating the original fee schedule.
Thank you!
- DBT is a highly specialized form of psychotherapy and students are benefitting from years of training and skill development when they come to me. Cutting payment for my group to less than a third of what we were getting makes no sense and does a real disservice to the students who benefit from this specialized service when it is no longer sustainable to offer it. Please reconsider!
- The devaluation of our services is disheartening!
- Due to changes in NJ telehealth laws, students with ADHD need to be seen in person every 3 months. The EPN has a very limited number of in-network psychiatrists. Princeton University Counseling and Psychological Services does not prescribe ADHD stimulant medication so what will happen to those students who lose access to their ADHD medication due to these EPN changes? How will it impact their ability to function and perform in a high pressure and demanding environment? What a loss it would be for our society for these students to not receive the needed treatment that supports them in completing their academic programs.
Some of the Princeton University students' mental health needs are quite complicated and require the training and expertise of seasoned psychiatrists and therapists. We are entrusted to care for the wellbeing of these amazing, beloved students. Reducing their

access to mental health care at a time of political, economic, immigration, and humanitarian crises is misguided and dangerous. I am very concerned about what will happen to the students who need mental health care and are unable to access it in a timely fashion during this time of increasing conflict and crisis

- I had worked for a # of years with a student who truly may otherwise have taken her own life. I was happy to see at the then reasonable in-network rate but, am not sure I would /could have at a lower rate than was offered then. The University has always stood out as a student centric place, especially for mental health. I hope that this service continues for this transitional/developmentally fluid and pressure filled population, who need more than the allotted clinic can take care of.
- To whom it may concern:

I am writing in response to the recent notification of the EPN fee schedule change.

It has been a privilege to be able to participate in Princeton University's Exclusive Provider Network, to be entrusted with the care of a truly special group of people: thoughtful, bright students as they are entering adulthood. This is an opportunity that I do not take for granted, and I am grateful that I get to do the work I love with people who, in turn, are poised to have a positive impact on the world.

Psychotherapy is a labor of love, but it is indeed laborious: caring for a vulnerable population grappling with serious life challenges is a weighty responsibility. The work does not stop at the end of a session: we hold our patients in our hearts and minds, mulling over their traumas, problems, and distress, thinking of ways to translate our theories and insights into language that we hope will be helpful. Being a psychotherapist means working behind the scenes, in anonymity. While we generally do not seek attention or public recognition, and we tend to be uncomfortable with self-promotion, the discomfort of being devalued is motivating this letter. The current EPN fee schedule for psychotherapy was already a bit under-valuing of this service, but nonetheless has felt like a worthwhile tradeoff to be able to work with Princeton University's students. To have the fee lowered represents a devaluation of our services, and is a particularly bitter pill to swallow at a time when the cost of living is rising, and serious mental health concerns are also on the rise. We play a significant role containing and helping to manage the stress and anxiety of the community. Expecting us to bear the brunt of the economic fallout of the current administration's policies feels like another instance of a wealthy, powerful institution exploiting the less powerful. To be clear, I am not expecting the fee to be raised, but I am suggesting that this decision be reconsidered.

We are all witnessing and experiencing the devastating impact of the policies, reckless and impulsive actions, and generally indifferent, bullying attitude of the POTUS, here and around the world. He has also activated the worst inclinations of those susceptible to his influence, in turn exacerbating stress and anxiety among those who are the targets of his and his followers' grievances. The lesson we should be learning from this debacle is

that good mental health is not a luxury, but a vital necessity for the maintenance of a free, civilized society. Princeton University should be leading the way in sending the message that mental healthcare is not only a high priority, but is part of a good education.

What's more, the abrupt way this change in fee was communicated, without even the courtesy of a statement explaining the reasons for this change, is demoralizing and undignified.

This is an emotional letter because this is emotional work. Mental health professionals represent one of the few remaining defenders of human connection in an increasingly impersonal, de-humanizing world. Thank you.