



## REDC Advocacy Toolkit Fact Sheet

Eating disorders are biologically based mental illnesses that affect at least 30 million Americans of all ages, ethnicity groups, and socio-economic statuses<sup>1,2</sup>.

If left untreated, eating disorders can result in dangerous and costly medical complications, including:

- Osteoporosis
- Infertility
- Dehydration
- Electrolyte imbalance
- Cardiac arrest
- Kidney failure

Only about a third of people with an eating disorder ever receive treatment.<sup>3</sup> Among adolescents with eating disorders, fewer than 1 in 5 receive treatment.<sup>4</sup>

Inadequate insurance coverage generally can be attributed to this lack of access and treatment.

- Insurance coverage either specifically excludes eating disorders or limits their scope of coverage.
- When treatment is cut short by denial of coverage, individuals are discharged before they acquire the skills necessary to sustain treatment gains, resulting in costing and the potentially life-threatening revolving door of inpatient admissions and insufficient outpatient care.
- Appropriate care for eating disorders results in recovery. Only about 15% of individuals remain chronically ill and without appropriate care, people can and do die.<sup>5</sup>

Access to full-range eating disorder treatment is **cost-effective**, in that:

- Treatment dramatically reduces mortality.
- The population affected is relatively young.<sup>6</sup>
- Cost of comprehensive access to care has negligible effects on monthly insurance premium amounts, only \$0.37 in 2012, according to a Massachusetts study.<sup>7</sup>

Level of care (listed from least to most restrictive):

- Outpatient
- Intensive outpatient (IOP)
- Partial Hospital Program (PHP) or Intensive Day Program (IDP)
- Residential
- Inpatient

### Action by Congress is Necessary

Pass the Anna Westin Act of 2015 (H.R. 2515/S. 1865):

- The Anna Westin Act would help provide better treatment coverage to those affected by eating disorders by clarifying the Congressional intent to include residential treatment in the implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008
- The bill provides for training for health professionals, school personnel and the public to identify eating disorders and intervene early when precursory symptoms and behaviors arise

<sup>1</sup> Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*, 61(3), 348–358.

<sup>2</sup> Le Grange, D., Swanson, S. A., Crow, S. J., & Merikangas, K. R. (2012). Eating disorder not otherwise specified presentation in the US population. *International Journal of Eating Disorders*, 45(5), 711-718.

<sup>3</sup> Hudson, J.I. et al. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*, 61(3), 348–358.

<sup>4</sup> Swanson, S. A., Crow, S. J., Le Grange, D., Swendsen, J., & Merikangas, K. R. (2011). Prevalence and correlates of eating disorders in adolescents. Results from the national comorbidity survey replication adolescent supplement. *Archives of General Psychiatry*, 68(7), 714-723.

<sup>5</sup> Steinhausen HC. Outcome of eating disorders. (2009). *Child Adolescent Psychiatry Clin N Am*.18(1):225-42.

<sup>6</sup> Scott J. Crow & J.A. Nyman. (2004). The cost-effectiveness of anorexia nervosa treatment. *International Journal of Eating Disorders*. 35(2):15-60.

<sup>7</sup> Compass Health Analytics, Inc. Actuarial Assessment of Massachusetts house Bill No. 3024 Defining Eating Disorders as Biologically-Based Illnesses *prepared for* Division of Health Care Finance and Policy, Commonwealth of Massachusetts.