



## 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>
- Mandatory insurance coverage would have negligible effects on monthly 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

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<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.