Residential Eating Disorders Consortium

Congress Must Act Now to Improve Treatment of Eating Disorders

Eating disorders are biologically based mental illnesses that affect an estimated 30 million Americans of all ages, genders, socio-economic statuses, and ethnicities.

If left untreated, eating disorders often result in costly medical complications. Some of the medical complications that may ensue when eating disorders are not adequately treated include: osteoporosis, infertility, dehydration, electrolyte imbalance, cardiac arrest, kidney failure. These complications often result in the need for costly and avoidable inpatient care and help explain why eating disorders have the highest mortality rate of all psychiatric illnesses.

Individuals who have access to appropriate care often fully recover and go on to lead productive lives. With treatment, the majority, about 60%, of people with eating disorders recover. An additional 20% will make partial recoveries.

Yet, the vast majority of individuals suffering from eating disorders do not receive the care they need. Only about 1 in 3 people with an eating disorder ever receive treatment.[1] Fewer than 1 in 5 adolescents with an eating disorder have received treatment.[2] This lack of access can generally be traced back to inadequate insurance coverage. For example, insurers often either specifically exclude eating disorders or limit the scope of coverage. When treatment is cut short by a denial of coverage, individuals are discharged before they acquire the skills necessary to sustain treatment gains, resulting in a costly and potentially life-threatening revolving door of inpatient admissions and inadequate outpatient care.

Successful recovery depends on access to the full range of treatment options, including the residential level of care. In many cases, adequate inpatient, residential, and partial hospital treatment, with sufficient outpatient follow-up, is absolutely necessary to achieve a full recovery. Treatment ideally is delivered in the least restrictive setting possible to safely meet the psychological, psychiatric, medical, and nutritional needs of the individual. For example, the residential level of care serves to address the needs of patients who require extended treatment for adequate symptom management and recovery of weight and health parameters, but who do not require many of the services provided in the inpatient setting (e.g., intravenous fluids, tube feedings, and multiple daily lab tests).

Providing access to the full-range of eating disorder treatment is cost-effective. Research suggests that adequate eating disorder treatment is reasonably cost-effective, given its ability to dramatically reduce mortality and the relative youth of the population affected.[3] Furthermore, mandatory insurance coverage of these services would have a negligible effect on premium amounts. According to a Massachusetts study, requiring insurers to provide access to the full range of eating disorder treatment would increase monthly premium amounts by only $0.37 in 2012.[4]

Congress must act now to ensure that individuals suffering from these life-threatening conditions have access to appropriate treatment.

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[1] J.I. Hudson, E. Hiripi, E., H.G. Pope, & R.C. Kessler. The prevalence and correlates of eating disorders in the national comorbidity survey replication. Biological Psychiatry. 2007; 61(3), 348-358.

[2] S.A. Swanson, S. J. Crow, D. Le Grange, J. Swendsen & K.R. Merikangas. Prevalence and correlates of eating disorders in adolescents. Results from the national coborbidity survey replication adolescent supplement. Archives of General Psychiatry. 2011. 68(7), 714-723.

[3] Scott J. Crow & J.A. Nyman. The cost-effectiveness of anorexia nervosa treatment. Int'l J. Eating Dis. March 2004; 35(2):15-60.

[4] 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.