

Why People with Eating Disorders Need Mental Health Parity Now: A Matter of Life or Death.

High prevalence rate. Fourteen million Americans suffer from eating disorders. Eating disorders cut across race, color, gender and socioeconomic categories. No one is immune.

On the rise and affecting children. The incidence of eating disorders has doubled since the 1960s and is increasing in younger age groups, in children as young as seven. Eating disorders often begin in adolescence and are associated with substantial psychological problems, including depression, substance abuse, and suicide.

Impact on health. Eating disorders are among the top four leading causes of burden of disease in terms of life lost through disability or death. Eating disorders are commonly associated with substantial psychological problems, including depression, substance abuse, and all too frequently with suicide. They also can lead to major medical complications, including cardiac arrhythmia, cognitive impairment, osteoporosis, infertility, and most seriously death.

High death rate. Anorexia nervosa has the highest mortality rate of all mental disorders. One study reported an 11-fold increase in the risk of death for individuals with anorexia compared to those without anorexia.

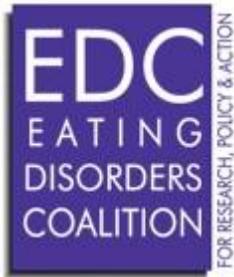
Treatment can work. Research shows that eating disorders can be successfully overcome with early detection and adequate and appropriate treatment. Such treatments are typically extensive and long-term. Yet less than half of people with eating disorders access treatment.

Public support for parity. According to a nation wide poll commissioned by the National Eating Disorders Association, three out of four Americans believe eating disorders should be covered by insurance companies *just like any other illness*. A majority of Americans (66%) believe that the government should require insurance companies to cover treatment of eating disorders.

Require health insurance companies to reimburse for eating disorder treatment.

Insurance companies routinely limit the number of days they will reimburse for treatment of eating disorders, which force doctors to discharge patients with anorexia nervosa too early. Although patients with eating disorders typically require more than 6 weeks (42 days or more) of inpatient therapy for proper recovery, insurance companies typically offer an average of 10–15 days a year. Early discharge is associated with relapse and death.

We are thrilled Congress passed mental health parity in October 2008.



Summary of State Parity Laws that include eating disorders as of 2007

In total 20 states (40%) have state parity laws that include eating disorders. The remaining 30 states (60%) do not have laws that ensure health insurance reimbursement for the treatment of eating disorders. We need H.R. 1424 to cover those people.

Of the 43 states that have parity laws:

- 17 states (40%) have a broad based definition of diagnoses included in their parity laws. Eating disorders are covered by these 17 states:
AZ, AR, CT, GA, IN, KY, ME, MD, MN, MO, NM, NC, OR, RI, TN, VT, WA
- 26 states (60%) only include serious mental illness in their parity laws. Serious mental illness is defined as schizophrenia, schizoaffective disorder, psychotic disorders, bipolar disorder, major depression, panic disorders, and obsessive compulsive disorder. Of those 26 states 14 of them include one or more additional diagnoses. Of those, 3 states (12%) explicitly include anorexia and bulimia (NH, NY & WV).
- Eating disorders are covered in only 12% of parity laws with serious mental illness as a definition whereas they are covered in 100% of parity laws with a broad based definition of diagnoses.

*Data for this summary was taken from the NAMI website on state mental health parity laws as of 2007.