



March 20, 2020

**Champions Circle**

Residential Eating Disorders Consortium

**Executive Circle**

Clementine  
Eating Recovery Center  
The Emily Program  
Monte Nido  
Oliver-Pyatt Centers  
Veritas Collaborative  
WithAll

**Policy Circle**

Academy for Eating Disorders  
National Eating Disorders Association (NEDA)  
The Renfrew Center

**Leadership Circle**

Alliance for Eating Disorders Awareness  
Bannister Consultancy  
Gail R. Schoenbach FREED Foundation  
International Association of Eating Disorders Professionals (iaedp)  
Focus Treatment Center  
Reasons Eating Disorder Center  
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Center for Change  
Laureate Eating Disorders Program  
Walden Behavioral Care

**Support Circle**

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Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED)

**Hope Circle**

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Stay Strong Virginia  
Rogers Behavioral Health  
The National Association of Anorexia Nervosa and Associated Eating Disorders  
Wrobel & Smith, PLLP

The Honorable Chuck Grassley  
Senate Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Ron Wyden  
Senate Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Chairman Grassley and Ranking Member Wyden,

On behalf of the Eating Disorders Coalition for Research, Policy & Action (EDC), we thank you for proposing a Request for Information (RFI) calling for stakeholders to submit data and findings on factors contributing to poor maternal health outcomes in the United States. Specifically, our comments will not only provide data and findings, but also address gaps in coverage that can be addressed to improve maternal health outcomes across the nation.

The Eating Disorders Coalition for Research, Policy & Action (EDC) is a nonprofit organization comprised of patient and caregiver advocates, treatment providers, advocacy organizations, and academics, aimed to advance the recognition of eating disorders as a public health priority throughout the U.S. By promoting federal support for improved access to care, the EDC seeks to increase the resources available for education, prevention, and improved training, as well as for scientific research on the etiology, prevention, and treatment of eating disorders.<sup>1</sup>

Although society is making progress to break down the stigma associated with mental illness, there is still much more work to be done to address the mental health needs of new and expectant mothers. Surprising to most, maternal mental health (MMH) disorders are the most common complication of pregnancy in the U.S., surpassing gestational diabetes and preeclampsia combined.<sup>2</sup> Further, deaths by suicide, in combination with accidental drug-related deaths, accounted for almost 20% of postpartum deaths during 2010-2012.<sup>3</sup> For the estimated 7.5% of pregnant women with an eating disorder<sup>4</sup>, they are at increased risk of depressive symptoms during pregnancy compared to women without an eating disorder.<sup>5</sup> Additionally, the pregnancy and postpartum period is a particularly high-risk period for the reemergence or worsening of disordered eating and body image concerns regardless whether the woman has a history of an eating disorder.<sup>6</sup> Given the health risks of having an active eating disorder during pregnancy including antepartum hemorrhage, hyperemesis

<sup>1</sup> Eating Disorders Coalition. "Mission & Goals." [https://www.eatingdisorderscoalition.org/inner\\_template/about\\_us/mission-and-goals.html](https://www.eatingdisorderscoalition.org/inner_template/about_us/mission-and-goals.html)

<sup>2</sup> Committee on Obstetric Practice. Screening for perinatal depression: committee opinion no. 630. Washington, DC: American Congress of Obstetrics and Gynecology; 2015:1-4. <https://www.acog.org/-/media/Committee-Opinions/Committee-onObstetricPractice/co630.pdf?dmc=1&ts=20161227T1417252146>. Accessed January 24, 2017

<sup>3</sup> Goldman-Mellor, Sidra. (June 4, 2019). Maternal drug-related death and suicide are leading cause of postpartum death in California. *American Journal of Obstetrics & Gynecology*, 221(5), 489. Retrieved from [https://www.ajog.org/article/S0002-9378\(19\)30747-1/fulltext](https://www.ajog.org/article/S0002-9378(19)30747-1/fulltext)

<sup>4</sup> Dorsam, A. F., Preissl, H., Micali, N., Lorcher, S. B., Zipfel, S., & Giel, K. E. (2019). The impact of maternal eating disorders on dietary intake and eating patterns during pregnancy: a systematic review. *Nutrients*, 11(4), 840. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6521012/>

<sup>5</sup> Baskin, R. & Galligan, R. (2019). Disordered eating and the perinatal period: a systematic review and best evidence synthesis of mental health and psychosocial correlates. *European Eating Disorders Review*, 27(5), 462-480.

<sup>6</sup> *Ibid.*

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gravidarum, higher risk of miscarriage, cesarean sections, and postpartum depression<sup>7</sup>, coverage and access to mental health treatment is paramount.

Reducing the barriers to treatment is critical to address why half of mothers with a diagnosis of depression do not receive treatment.<sup>8</sup> Moreover, close to half of new and expectant mothers living in poverty will experience a MMH disorder during pregnancy or in the first year after giving birth<sup>9,10</sup>, which presents additional challenges for treatment access. What we do know is that the fastest-growing segment of the Medicare population are disabled beneficiaries—individuals under the age of 65 who receive Social Security Disability Insurance (SSDI).<sup>11</sup> Importantly, Medicare does not provide coverage for any mental illness at the intensive outpatient level (IOP) of care. This poses a huge barrier for Medicare/SSDI beneficiaries with a MMH disorder as the individual will have to wait until their condition deteriorates enough to be admitted to a higher level of care. Unfortunately, if the individual's primary MMH disorder is an eating disorder, Medicare does not cover residential treatment for eating disorders. These structural program restrictions create unnecessary barriers for comprehensive treatment and need to be adjusted to better serve this population.

An additional barrier to receiving comprehensive care is the lack of Medicare coverage for outpatient medical nutrition therapy (MNT) for eating disorders. This treatment involves nutritional diagnostic, therapy, and counseling services for disease management, which typically involves specially designed meal plans developed by a registered dietitian or nutrition professional. For expectant mothers on Medicare and SSDI, body image concerns can lead to negative eating and feeding related outcomes including maternal disordered eating, and lower rates and/or shortened duration of breastfeeding, all of which can be detrimental to the development and functioning of the mother and infant.<sup>12</sup>

According to the American Dietetic Association, nutritional therapy conducted by a registered professional is an “essential component” for the treatment of patients with anorexia nervosa, bulimia nervosa, and other eating disorders.<sup>13</sup> Research shows mental health interventions for eating disorders may not be successful if the underlying nutritional issues haven't been addressed first, since nutritional deficiency causes cognitive issues (e.g. depression) that can impede recovery.<sup>14</sup> We recommend extending coverage for Medicare outpatient MNT services for eating disorders to better support mothers and infants.

<sup>7</sup> Dorsam, A. F., Preissl, H., Micali, N., Lorcher, S. B., Zipfel, S., & Giel, K. E. (2019). The impact of maternal eating disorders on dietary intake and eating patterns during pregnancy: a systematic review. *Nutrients*, 11(4), 840. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6521012/>

<sup>8</sup> Luca DL, Garlow N, Staatz C, Margiotta C, Zivin K. Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States. *Mathematic Policy Research*, April 2019.

<sup>9</sup> Dolbier CL, Rush TE, Sahadeo LS, Shaffer ML, Thorp J, Investigators CCHN. Relationships of race and socioeconomic status to postpartum depressive symptoms in rural African American and non-Hispanic white women. *Matern Child Health J*. 2013;17(7):1277-87. doi:10.1007/s10995-012-1123-7.

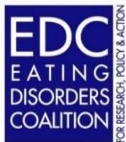
<sup>10</sup> Chung EK, McCollum KF, Elo IT, Lee HJ, Culhane JF. Maternal depressive symptoms and infant health practices among low income women. *Pediatrics*. 2004;113(6): e523-e9. <http://pediatrics.aappublications.org/content/113/6/e523>. Accessed January 21, 2017.

<sup>11</sup> O'Leary, J.; Sloss, E.; & Melnick, G. Disabled Medicare Beneficiaries by Dual Eligible Status: California, 1996-2001. *Health Care Finance Review*, 2007; 28(4): 57-67. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194998/>

<sup>12</sup> Rodgers, R. F., O'Flynn, J. L., Bourdeau, A., & Zimmerman, E. (2018). A biopsychosocial model of body image, disordered eating, and breastfeeding among postpartum women. *Appetite*, 126, 163-168.

<sup>13</sup> Ozier, AD & Henry, BW. “Position of the American Dietetic Association: nutrition intervention in the treatment of eating disorders.” *NCBI/NLM/NIH*. <https://www.ncbi.nlm.nih.gov/pubmed/21802573>

<sup>14</sup> Rosen, David. (2010). Clinical Report—Identification and Management of Eating Disorders in Children and Adolescents. *American Academy of Pediatrics*, 126:6.



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Left untreated, MMH disorders cost the U.S. exponentially, with an estimated \$14.2 billion societal cost for births in 2017 alone.<sup>15</sup> These costs are borne out through maternal productivity loss, greater use of public sector services, and higher health care costs attributable to worse maternal and child health outcomes. We know we can do better for women, children, and families in the U.S. and ensuring comprehensive coverage for critical levels of care and services for those most in need is a great place to start. We look forward to working with you and your staff as you begin crafting this maternal health package.

Sincerely,

Eating Disorders Coalition for Research, Policy & Action

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<sup>15</sup> Luca DL, Garlow N, Staatz C, Margiotta C, Zivin K. Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States. Mathematic Policy Research, April 2019.