Statement of the Eating Disorders Coalition for Research, Policy & Action

By

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To

U.S. Senate Committee on Finance, Subcommittee on Health Care

On

The COVID-19 Pandemic and Beyond: Improving Mental Health and Addiction Services in Our Communities

May 12, 2021
Chairwoman Stabenow, Ranking Member Daines and members of the U.S. Senate Committee on Finance, Subcommittee on Health Care, thank you for holding this important hearing entitled, “The COVID-19 Pandemic and Beyond: Improving Mental Health and Addiction Services in Our Communities” to ensure the nation has the services and supports in place to care for individuals across the nation with mental illness and addiction, including those with eating disorders.

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.

As the number of new COVID-19 cases continues to decline, eating disorders diagnoses continue to climb. Research indicates a 30 percent increase in eating disorder diagnoses since March 2020 compared with data in previous years. EDC members, the National Eating Disorders Association has seen a 53 percent increase in their call volume to their helpline since March 2020 and the Alliance for Eating Disorders Awareness has already served 7,000 individuals representing all 50 states and 32 countries and provided approximately 50,000 referrals for treatment since January 2021. This is just a sampling of the magnitude of services our coalition members are doing to support individuals and families in need. Despite this incredible work, we know there is still work to be done to improve the care for individuals with eating disorders.

Eating disorders are serious mental illnesses that affect 28.8 million Americans over the course of their lifetime. They have the second highest mortality rate of any psychiatric illness, with one death occurring every 52 minutes as a direct result of an eating disorder. Without access to comprehensive treatment, eating disorders create great economic distress, costing the U.S. economy $64.7 billion annually with the federal government shouldering $17.7 billion of that cost. Ensuring comprehensive coverage for eating disorders treatment has the potential to mitigate disease progression or relapse into higher levels of treatment. Without access and/or coverage to treatment, higher levels of eating disorders treatment cost the U.S. $29.3 million in emergency room visits and $209.7 million in inpatient hospitalizations annually.

Eating disorder prevalence rates among the senior and disabled populations are similar to the general population at approximately 3 percent to 6 percent. However, older Americans with eating disorders are particularly serious as chronic disorders or diseases may already compromise their health. Inadequate nutrition as a result of their eating disorder can result in memory deficits; cognitive decline; decubitus ulcers; impaired healing of sores, wounds, or infections; and dizziness, disorientation, and falls, which can initiate a cascade of pathophysiological events leading to a 30 percent to 40 percent mortality rate. Tragically, 78 percent of deaths from anorexia nervosa occur in the elderly.

Prevention and early intervention are the best tools to prevent disease progression for those with mental illness or substance use disorders. Given the complexity of eating disorders, a multidisciplinary treatment team that includes a medical provider, psychiatrist, psychologist, and registered dietitian is considered to be the four key provider components for comprehensive eating disorders treatment. The exponential rise in eating disorders as a consequence of the pandemic further underscores the

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3 Ibid.
4 Ibid.
5 Ibid.
importance of early intervention.

Unfortunately, Medicare does not provide outpatient coverage for medical nutrition therapy (MNT) for individuals with eating disorders. This coverage only applies to beneficiaries that are diagnosed with diabetes or end stage renal disease. This lack of coverage leaves individuals susceptible to disease progression and in need of a higher, costlier level of treatment. 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. 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. Nutrition counseling guides patients in identifying problematic behaviors and setting realistic and achievable nutrition related goals to support clients in making behavior changes. Nutrition education includes conversations about discrepancies between knowledge, beliefs and behaviors, ultimately empowering the patient to normalize eating and make healthier decisions.

Fortunately, Congress has legislation to address this gap in coverage with a bipartisan bill entitled, the Nutrition Counseling Aiding Recovery for Eating Disorders Act or the Nutrition CARE Act (H.R. 1551 / S. 584) led by Senators Maggie Hassan (D-NH) and Lisa Murkowski (R-AK) and Representatives Judy Chu (D-CA-27), Jackie Walorski (R-IN-02) and Lisa Blunt Rochester (D-DE-AL). The legislation would provide Medicare Part B coverage for medical nutrition therapy for beneficiaries diagnosed with an eating disorder at the same coverage levels beneficiaries with diabetes and end stage renal disease receive.

This legislation is a small, critical step in ensuring the federal government is meeting the mental health needs of Americans across the lifespan. We urge the U.S. Senate Committee on Finance, Health Subcommittee to move this bill forward for consideration to the full committee as we work together to support the 2 to 2.5 million Medicare beneficiaries with eating disorders that could benefit from the Nutrition CARE Act.

Thank you for your consideration.

Sincerely,

Eating Disorders Coalition for Research, Policy & Action Members in Formation:

Academy for Eating Disorders
Academy of Nutrition and Dietetics
Alliance for Eating Disorders Awareness
Alsana: Eating Disorders Treatment and Recovery Centers
Bannister Consultancy
BE REAL USA
Cambridge Eating Disorder Center
Center for Change
Center for Discovery
Eating Disorder Coalition of Iowa
Eating Disorder Hope

Reston, VA
Chicago, IL
West Palm Beach, FL
Ballwin, MO
Durham, NC
Chicago, IL
Cambridge, MA
Orem, UT
Los Alamitos, CA
Clive, IA
Redmond, OR

Eating Recovery Center          Denver, CO
Farrington Specialty Centers         Fort Wayne, IN
Gail R. Schoenbach FREED Foundation        Warren, NJ
International Association of Eating Disorders Professionals  Pekin, IL
International Federation of Eating Disorders Dietitians      Dallas, TX
Laureate Eating Disorders Program         Tulsa, OK
Monte Nido & Affiliates          Miami, FL
Montecatini                      Carlsbad, CA
Moonshadow’s Spirit              Webster, NY
Multi-Service Eating Disorders Association   Newton, MA
National Eating Disorders Association  New York, NY
Park Nicollet Melrose Center      St. Louis Park, MN
Project HEAL                      Brooklyn, NY
REDC Consortium                  St. Paul, MN
Rogers Behavioral Health         Oconomowoc, WI
Rosewood Centers for Eating Disorders Wickenburg, AZ
Stay Strong Virginia            Chesterfield, VA
Strategic Training Initiative for the Prevention of Eating Disorders  Boston, MA
SunCloud Health                  Northbrook, IL
The Donahue Foundation           Richmond, VA
The Emily Program                St. Paul, MN
The National Association of Anorexia Nervosa and Associated Eating Disorders Chicago, IL
The Renfrew Center                Pittsburgh, PA
Veritas Collaborative            Durham, NC
Walden Behavioral Care           Waltham, MA
WithAll                          St. Louis Park, MN
Wrobel & Smith, PLLP             St. Paul, MN