

Champions Circle

REDC Consortium

Executive Circle

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

Policy Circle

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

Leadership Circle

Alliance for Eating Disorders Awareness
Bannister Consultancy
The Donahue Foundation
Gail R. Schoenbach FREED Foundation
International Association of Eating Disorders
Professionals (iaedp)
Montecatini

Advocacy Circle

Center for Change
Laureate Eating Disorders Program
Walden Behavioral Care

Support Circle

Academy of Nutrition and Dietetics
Alsana: Eating Disorders Treatment and
Recovery Centers
Cambridge Eating Disorder Center
Center for Discovery
Eating Disorder Hope
Farrington Specialty Centers
Multi-Service Eating Disorders
Association
Park Nicollet Melrose Center
Rosewood Centers for Eating Disorders
Strategic Training Initiative for the Prevention
of Eating Disorders (STRIPED)
Stay Strong Virginia

Hope Circle

Eating Disorder Coalition of Iowa (EDCI)
International Federation of Eating Disorders
Dietitians (IFEDD)
Moonshadow's Spirit
Project HEAL
The National Association of Anorexia Nervosa
and Associated Eating Disorders
Rogers Behavioral Health
Wrobel & Smith, PLLP

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

By

**Allison Ivie, MPP, MA
Government Relations Representative
Eating Disorders Coalition for Research, Policy & Action**

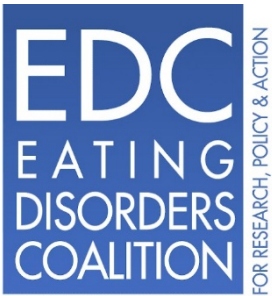
To

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.¹ 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.² 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.³ **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.⁴** 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.⁵**

Eating disorder prevalence rates among the senior and disabled populations are similar to the general population at approximately 3 percent to 6 percent.^{6,7} However, older Americans with eating disorders are particularly serious as chronic disorders or diseases may already compromise their health.⁸ 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.⁹ **Tragically, 78 percent of deaths from anorexia nervosa occur in the elderly.¹⁰**

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

¹ Tanner, Lindsay. (May 23, 2021). Pandemic has fueled eating disorders surge in teens, adults. Associated Press. Retrieved from: <https://apnews.com/article/coronavirus-pandemic-virus-lifestyle-eating-disorders-health-27e9d5680980b1452f7e512db4d9f825>

² Deloitte Access Economics. The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. June 2020. Available at: <https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/>.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

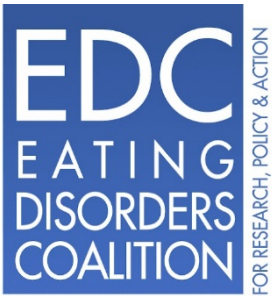
⁶ Peat, Christine; Peyerl, Naomi; and Muehlenkamp, Jennifer. (2010). Body Image and Eating Disorders in Older Adults: A Review. *The Journal of General Psychology*, 135:4, 343-358.

⁷ Mangweth-Matzek B, Hoek HW. Epidemiology and treatment of eating disorders in men and women of middle and older age. *Curr Opin Psychiatry*. 2017;30(6):446–451. doi: 10.1097/YCO.0000000000000356.

⁸ Peat, Christine; Peyerl, Naomi; and Muehlenkamp, Jennifer. (2010). Body Image and Eating Disorders in Older Adults: A Review. *The Journal of General Psychology*, 135:4, 343-358.

⁹ Dudrick, Stanley. (2013). Older Clients and Eating Disorders. *Today's Dietitian*, 15:11, 44.

¹⁰ Dudrick, S. (2014). Older clients and eating disorders. *Today's Dietitian*, 15(11), 44.



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.¹¹ 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.¹² 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.¹³

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,

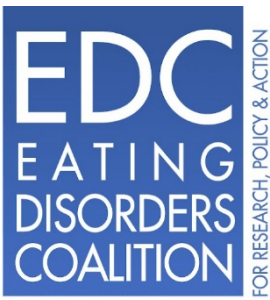
Eating Disorders Coalition for Research, Policy & Action Members in Formation:

- | | |
|---|---------------------|
| Academy for Eating Disorders | Reston, VA |
| Academy of Nutrition and Dietetics | Chicago, IL |
| Alliance for Eating Disorders Awareness | West Palm Beach, FL |
| Alsana: Eating Disorders Treatment and Recovery Centers | Ballwin, MO |
| Bannister Consultancy | Durham, NC |
| BE REAL USA | Chicago, IL |
| Cambridge Eating Disorder Center | Cambridge, MA |
| Center for Change | Orem, UT |
| Center for Discovery | Los Alamitos, CA |
| Eating Disorder Coalition of Iowa | Clive, IA |
| Eating Disorder Hope | Redmond, OR |

¹¹ 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>

¹² Rosen, David. (2010). Clinical Report—Identification and Management of Eating Disorders in Children and Adolescents. *American Academy of Pediatrics*, 126:6.

¹³ Ruiz-Prieto, Inmaculada, Bolanos-Rios, Patricia and Jauregui-Lobera, Ignacio. (2013). Diet Choice in weight-restored patients with eating disorders; progressive autonomy by nutritional education. *Nutricion Hospitalaria*, 28:5, 1725-1731.



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