

Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pvatt Centers Residential Eating Disorders Consortium

Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle

Theravive

Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia

Nervosa and Associated Eating Disorders

MEMORANDUM

Date: October 11, 2016

Carole Johnson, Senior Policy Advisor, White House TO:

Domestic Policy Council

Phyllis Borzi, Assistant Secretary of Labor, Employee Benefits

Security Administration, The Department of Labor

CC: Amy Turner, Senior Advisor and Special Projects Manager,

Office of Health Plan Standards and Compliance Assistance, Employee Benefits Security Administration, The Department

of Labor

Jim Mayhew, Oversight Group, The Center for Consumer Information and Insurance Oversight, The Centers for

Medicare & Medicaid Services

David DeVoursney, Branch Chief, Department of Health and Human Services, The Substance Abuse and Mental Health

Services Administration

Christopher Carroll, Director, Health Care Financing and Systems Integration, The Substance Abuse and Mental Health

Services Administration

David Shillcutt, Disabled and Elderly Health Programs Group,

The Centers for Medicare & Medicaid Services

FROM: Katrina Velasquez, Esq., Policy Director, Eating Disorders

Coalition

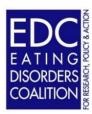
RE: Eating Disorder White House Roundtable- Mental Health

Parity Follow-Up

Executive Summary: President Obama released a Presidential Memorandum on March 29, 2016 recognizing the need for further executive action to ensure compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (mental health parity). He created the Mental Health and Substance Use Disorder Task Force (Task Force) to identify and promote best practices for executive departments and agencies, as well as State agencies to better ensure compliance and implementation of mental health parity, and provide further guidance.

20% of Americans struggle with mental health disorders, with more than 30 million Americans suffering from eating disorders. Eating disorders have the highest mortality rate of any psychiatric illness and affect women at a higher rate than men; however, people with eating disorders frequently experience discrimination through mental health parity noncompliance. Every 62 minutes someone dies from an eating disorder in the United States and only 1 in 10 people get the treatment they need to recover.

On September 14, 2016, the White House Office of Domestic Policy in coordination with the Eating Disorders Coalition gathered experts from the eating disorders community and the federal government to discuss issues related to mental health parity compliance, early identification of



Eating Recovery Center
The Emily Program
The Emily Program Foundation
Kantor & Kantor, LLP
Oliver-Pyatt Centers
Residential Eating Disorders Consortium
Veritas Collaborative

Policy Circle

Academy for Eating Disorders
The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center
Castlewood Treatment Center
Center for Discovery
Eating Disorder Center of Denver
Eating Disorder Hope
Mirasol Eating Disorder Recovery Centers
Multi-Service Eating Disorders Association
Park Nicollet Melrose Center
Rosewood Centers for Eating Disorders
Walden Behavioral Care
Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

eating disorders, and research. Specifically, we spent much of the time discussing parity noncompliance issues identifying following common issues: misunderstanding of eating disorder parity analysis for both health insurance carriers and our legal system, inconsistent standards of eating disorder medical necessity between the health insurance community and the medical community, and a lack of training for health insurance reviewers on eating disorders to inform their authorization decisions.

The White House and attending agencies requested follow-up information to help inform their work with parity compliance and the Task Force report. In an effort to help aid the federal government and White House's work, we have gathered the eating disorders community to create and compile all of the requested follow-up documentation. Within this memorandum you fill find the following requested items: (1) mapping and analysis of mental health parity for eating disorders, (2) overlapping medical treatment guidelines for eating disorders, (3) background research on the efficacy of eating disorder treatment and diagnosis, and (4) training for health insurance reviewers on eating disorders.

We hope that the provided information can be used to better inform and improve mental health parity compliance for people with eating disorders and welcome the opportunity to discuss the issues further. Please feel free to reach out to the Eating Disorders Coalition Policy Director Katrina Velasquez, Esq. at kvelasquez@eatingdisorderscoalition.org or 202-808-8857 for further questions, comments or meeting requests.



Eating Recovery Center
The Emily Program
The Emily Program Foundation
Kantor & Kantor, LLP
Oliver-Pyatt Centers
Residential Eating Disorders Consortium
Veritas Collaborative

Policy Circle

Academy for Eating Disorders
The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center
Castlewood Treatment Center
Center for Discovery
Eating Disorder Center of Denver
Eating Disorder Hope
Mirasol Eating Disorder Recovery Centers
Multi-Service Eating Disorders Association
Park Nicollet Melrose Center
Rosewood Centers for Eating Disorders
Walden Behavioral Care
Wrobel & Smith, PLLP

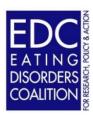
Hope Circle Aloria Health

Theravive

BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Éating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders

Table of Contents

I. Mapping & Analysis of Parity for Eating Disorders	4
II. Efficacy Research on Eating Disorders Treatment	11
III. Overlapping Guidelines on Eating Disorders	13
IV. Training for Health Insurance Reviewers on Eating Disorders	19
V. Anna's Story	20
VI. Sources Cited	2



Eating Recovery Center
The Emily Program
The Emily Program Foundation
Kantor & Kantor, LLP
Oliver-Pyatt Centers
Residential Eating Disorders Consortium
Veritas Collaborative

Policy Circle

Academy for Eating Disorders
The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center
Castlewood Treatment Center
Center for Discovery
Eating Disorder Center of Denver
Eating Disorder Hope
Mirasol Eating Disorder Recovery Centers
Multi-Service Eating Disorders Association
Park Nicollet Melrose Center
Rosewood Centers for Eating Disorders
Walden Behavioral Care
Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

I. Mapping & Analysis of Parity for Eating Disorders

The purpose of this section of the memorandum is to summarize and analyze the case law regarding the Federal Mental Health Parity Act ("Act"). As discussed in the meeting with the Eating Disorders Coalition, there is much confusion about how to interpret and apply the Act. The primary problem is that courts tend to ignore the plain language of the Act and get lost in the language of the Interim Final Rules and the Final Rules. This is a particular problem with respect to exclusions for residential treatment. This exclusion has an extremely adverse effect on patients with eating disorders and other serious mental illnesses. Unfortunately, seven years after the effective date of the Act, we are still seeing this exclusion in insurance plans and policies, and insurance companies are still denying claims based on this exclusion.

This exclusion should be unlawful based on the plain language of the Act. Under 29 U.S.C.A. § 1185a (3) (A) (ii) (emphasis added):

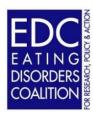
- (3) Financial requirements and treatment limitations
- (A) In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health or substance use disorder benefits, such plan or coverage shall ensure that—

* * *

(ii) the treatment limitations applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage) and there are no separate treatment limitations that are applicable only with respect to mental health or substance use disorder benefits.

However, as you will see from the analysis below, only two courts have reached the conclusion that an exclusion for residential treatment violates the Act. Two courts have relied on the Interim Final Rules to conclude that an exclusion for residential treatment was permissible before the Final Rules. One court has allowed discovery on the issue of whether the plan used comparable processes, strategies and evidentiary standards in deciding to exclude residential treatment and include skilled nursing care.

The other issue of note is the varied and dubious attacks insurance companies and plans are levying against application of the Act and the Rules. It is remarkable that we are still seeing attacks based on *Chevron U.S.A. Inc. v. Natural Resources Defense Counsel Inc.*, 467 U.S. 837, 843-44 (1984) (where agency has not properly interpreted a statute, court will not give effect to agency interpretation). Some insurers also maintain that if the language of the exclusion appears to apply on the medical/surgical side, it is proper, despite the fact that it is common



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pyatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

knowledge that residential treatment only applies to mental health conditions. At the Eating Disorders Coalition, we are very concerned that many patients are being told that these exclusions are still valid, and that many eating disorder patients are being discouraged from pursuing much needed care.

Pending legislation entitled The Anna Westin Act of 2015 (S. 1865/H.R.2515) clarifies that eating disorders benefits including residential treatment was intended to be covered by the Act. Over the past year, these provisions were adjusted through negotiations with the health insurance community and included within mental health reform legislation including the pending S. 2680 Mental Health Reform Act (S. 2680) and the recently passed counterpart Helping Families in Mental Health Crisis Act (H.R. 2646).

Many thanks to the Kennedy Forum for supplying their summaries and insight on some of the case law.

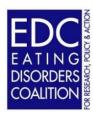
I. The Proper Way to Analyze Residential Exclusions: Language of the Act

A good analysis of an improper exclusion under the Act is found in A.F. v. Providence Health Plan, 35 Supp. 3d 1298 (D. Or. 2014), which concerned an exclusion for Applied Behavioral Analysis treatment for autism. The ERISA plan at issue contained an exclusion for mental health services "related to developmental disabilities, developmental delays or learning disabilities." Id. at 1302-3. Plaintiff argued that this exclusion violated the Act because it was a treatment limitation that applied only to mental conditions. Providence responded with two arguments. First it argued that the exclusion was not a treatment limitation because it was not in the nature of a quantitative limitation. The court correctly responded that the Rules also included nonquantitative limitations. *Id.* at 1314-15.

Providence also argued that the Act does not mandate coverage of any specific benefit of a condition, but merely requires that if a certain service or treatment is covered, it must be covered equally for medical and mental health conditions. *Id.* at 1315. The court's response was spot-on:

> Providence would be free under the Federal Parity Act not to cover autism. But after Providence chooses to cover autism, any limitation on services for autism must be applied with parity. Because Providence does cover autism, it cannot use the Developmental Disability Exclusion to deny coverage of ABA therapy because it is a "separate treatment limitation" that applies only to mental health disorders.

Id. at 1315.



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pyatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

An exclusion for residential treatment was at issue in N.F. v. Sinclair Services Co., 158 F. Supp.3d 1239 (D. Utah 2016). The self-funded ERISA plan added the exclusion effective January 1, 2013, even though benefits for residential treatment were provided in 2012. Id. at 1245. The plan argued that the residential exclusion did not violate the Act because it applied across the board, regardless of whether the services were for medical/ surgical conditions or mental health/substance abuse conditions. Id. at 1261. Plaintiff countered that residential treatment is only provided for mental health/substance abuse conditions, and, since the plan provided coverage for skilled nursing for medical/surgical conditions, the exclusion violated the Act. Ibid.

The court began its analysis by stating that "the parties seemingly agree that the residential treatment exclusion is a nonquantitative treatment limitation." Ibid. The court concluded that the residential treatment exclusion "runs afoul of the clear and unambiguous language of the Parity Act's second requirement" that there be no separate treatment limitations applicable only with respect to mental health benefits. *Id.* at 1261-2.

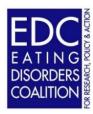
> To be sure, the Parity Act does not require plans to provide mental health or substance use disorder benefits at all. But once a plan does provide such benefits, the plan must do so on a level that is on par with the benefits it provides for medical and surgical benefits. And once provided, the Parity Act prohibits imposing treatment limitations applicable only to mental health benefits.

> Further, although the Administrator argues that the exclusion applies across the board, there is no evidence to suggest that coverage for residential treatment would have been available for medical or surgical conditions but for the exclusion. Without evidence to that effect, the Administrator's argument that it would have also denied residential treatment benefits for medical or surgical conditions under the exclusion is illusory.

Id. at 1262.

In Craft v. Health Care Serv. Corp., 84 F. Supp. 3d 748, 753 (N.D. III. 2015), the plan excluded residential treatment. Defendant argued that the Interim and Final Rules went beyond the text of the statue by adding NQTLs. According to defendant, the statute's definition of "treatment limitations" contains three examples: "frequency of treatment," "number of visits," and "days of coverage" and then the additional phrase, "other similar limits." 29 U.S.C. § 1185a (a) (3) (B) (iii). According to defendant, these specific examples indicate that the additional phrase "other similar limits," only applies to limitations that are also numerical in nature. The court rejected this argument.

> The practical effect of the RTC exclusion is that Jane Doe receives fewer hours (or days) of coverage for medically necessary nursing care than, for example, an elderly person would receive to rehabilitate a broken hip.



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pyatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

Essentially, HCSC argues that the issuer's characterization of the limitation is controlling. This is not the only reasonable interpretation of the phrase "other similar limits," and it is arguably at odds with the statute's purpose to achieve coverage parity whenever a plan offers both mental-health and medical/surgical benefits.

Craft at 754.

Although these cases are not perfect or numerous, the courts were on the right track. It should be clear that any exclusion for residential treatment (or ABA therapy) violates the plain language of the Act.

П. Cases Which Improperly Conclude That Residential Exclusions Were Permissible

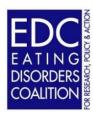
In S.S. v. Microsoft Corp. Welfare Plan, 2015 WL 11251744 (W.D. Wash. 2015), the court ignored the plain language of the Parity Act. The case was filed as a proposed class action under ERISA. Plaintiff challenged the plan's exclusion of coverage of residential treatment for psychiatric disorders, except eating disorders. Id. at *1. Plaintiff argued that because the plan covered intermediates services such as skilled nursing it was obligated to cover residential treatment.

The court disagreed, holding that the plan at issue was governed by the Interim Final Rules. When those Rules were published, the court said, the Agencies declined to provide guidance with respect to treatment setting and scope of services. Id. at *4 (citing Interim Final Rules, Preamble, 75 Fed. Reg. at 5416-5417). The court went on to quote the Interim Final Rules' definition of NQTLs, the illustrative list of NQTLs, and Examples 1-5. *Id.* at *5-6.

> The Court agrees with Defendant that these [Interim Final Rules] do not provide guidance with respect to types of treatment centers within the scope of coverage, and leave open the possibility that coverage plans may exclude certain types of facilities, particularly where there is no analog for medical/ surgical benefits. Id. at

The court then noted that the Agencies had issued final Rules which address the scope of services and provide additional illustrative examples "one of which precludes coverage plans from excluding mental health coverage for a particular treatment setting, i.e., a residential care facility." Id. at * 6 (citing 78 Fed. Reg. 68246). Plaintiff argued that the Final Rules merely clarified the Interim Rules and the Act. Defendant argued that the Final Rules introduced new limitations not previously required of plans and that, even if the Final Rules are clarifications, they cannot be applied retroactively. The court agreed with defendant. Id. at 7.

The court relied on *United States v. AMC Entm't, Inc.*, 549 F.3d 760 9th Cir 2008), which examined seating regulations for disabled moviegoers. In AMC Entm't, Inc. the court held, based on conflicting case law, that a



Eating Recovery Center
The Emily Program
The Emily Program Foundation
Kantor & Kantor, LLP
Oliver-Pyatt Centers
Residential Eating Disorders Consortium
Veritas Collaborative

Policy Circle

Academy for Eating Disorders
The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center
Castlewood Treatment Center
Center for Discovery
Eating Disorder Center of Denver
Eating Disorder Hope
Mirasol Eating Disorder Recovery Centers
Multi-Service Eating Disorders Association
Park Nicollet Melrose Center
Rosewood Centers for Eating Disorders
Walden Behavioral Care
Wrobel & Smith, PLLP

Hope Circle

Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

person of ordinary intelligence would not know what a particular statute required until a public announcement was made by the relevant agency. *AMC Entm't*, *Inc.* at 768-9.

This Court finds the same with respect to the Federal Parity Act. The scope of services with respect to non-quantitative treatment limitations was not clarified until after Plaintiff's claims were rejected. The [Interim Final Rules] specifically noted that they did not address "scope of treatment," and recognized that residential treatment centers may not have a medical/surgical analog. Further, prior to the Final Rules, it was not clear that Defendant could not exclude coverage for room and board at residential treatment centers.

Id. at 7.

Plaintiff argued that the language of the Act itself precludes exclusion of residential treatment, because the exclusion is an impermissible "treatment limitation" applicable only to mental health. The court rejected this argument, reasoning that the Interim Final Rules were not clear and that "Defendant is entitled to rely on the implemental regulations to define and interpret the statutory terms." *Id.* at *8 (citing *Chevron U.S.A. Inc. v. Natural Resources Defense Counsel Inc*, 467 U.S. 837, 843-44 (1984).

The court in *Danny P. v. Catholic Health Initiatives*, 2016 WL 3551972 (W.D. Wash. 2016) reached a similar conclusion. The ERISA plan excluded "room and board" charges at residential treatment facilities but covered the same charges at skilled nursing facilities. *Id.* at *3. Defendant conceded that the Final Rules required coverage for residential treatment, but argued that those Rules did not apply retroactively and that the Interim Final Rules were in effect when plaintiff incurred the costs in question and did not preclude the exclusion. *Id.* at *1.

The court agreed that, as a matter of fairness, the Final Rules could not be applied retroactively, even if they simply clarified the Interim Final Rules. *Id.* at *6. The court concluded that the Interim Final Rules did not address the "scope of services" issue and "specifically invited further comment on this un-addressed issue." *Ibid.*

[Plaintiff's] arguments for coverage make sense from a policy perspective, and they succeeded in changing the Final Rules. But the Plan exclusion at effect when she incurred the room and board charges does not violate the Interim Final Rules, and it does not violate the Parity Act.

Id. at *6.

In *Natalie V. v. Health Care Service Corp. d/b/a Blue Cross Blue Shield of Illinois*, No. 15 C 09174, U.S. D.C. Ill. (Memorandum Opinion and Order, 9/13/16), the court rejected the decisions in *Microsoft* and *Danny P.* but reached a strange conclusion regarding how the case would



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pvatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

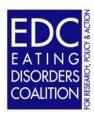
proceed. The ERISA Plan at issue excluded residential treatment for mental illness. Defendant filed a motion to dismiss, arguing that the Interim Final Rules were in place at the time of plaintiff's treatment, and these Rules were silent on "scope of services" and actually allowed health plans to exclude certain treatment settings such as residential treatment. Opinion, p. 15.

The court started with a lengthy rendition of the Parity Act, the Interim Final Rules and the Final Rules. Opinion, pp. 5-15. The court then addressed defendant's argument. The court recognized the decisions in Microsoft and Danny P. in which the courts concluded that the refusal to consider the "scope of services" issue in the Interim Final Rules "is the equivalent of an agency interpretation against coverage for residential mental health treatment." Opinion, p. 16 (emphasis in original).¹

> But there is a problem with relying on the IFRs to conclude that categorically excluding residential mental health treatment was legal under the Parity Act. The issue is whether the Parity Act—not the IFRs—permits a complete bar of all coverage for mental health treatment at residential treatment centers. The IFRs only offered "guidance and information ... concerning the requirements of [the Parity Act]," 29 U.S.C. § 1185a (g) (emphasis added), and the IFRs did not purport to affirmatively authorize health plans to exclude residential treatment centers for mental health treatment. Remember, the Departments refused to address the "scope of services" issue in the IFRs. See Preamble, IFRs, 75 Fed. Reg. at 5416. And despite HSCS's claim to the contrary, ... that refusal does not constitute an endorsement of treatment-setting limitations. Cf. Craft v. Health Care Serv. Corp., 84 F. Supp. 3d 748, 756 (N.D. Ill. 2015) (rejecting the defendant's due process defense and concluding that "[i]t would be a stretch to conclude from the Departments' request for comments that it was authorizing issuers to enforce treatment-setting limitations. They simply were not prepared to issue guidance at that time."). Opinion, pp. 16-17.

Instead of using the language of the Act, however, the court then turned to the "standard for evaluating nonquantitative treatment limitations" set forth in the Interim Final and Final Rules (i.e., the processes, strategies, evidentiary standards and other factors used to impose nonquantitative treatment limitations generally have to be applied in a comparable manner to all benefits) and concluded that this standard "will be applied

¹ The Court also rejected defendant's reliance on Chevron, U.S.A., Inc. v. Natural Resources Defense Council, Inc., 467 U.S. 837 (1984) on the grounds that Chevron only applies when an agency has actually answered the specific issue that the statutory language itself does not address; here, the agencies specifically declined to address the scope of services issue in the interim final rules. Id. at fn.13.



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pyatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle

Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

in assessing whether HSCS lawfully excluded mental health benefits for residential treatment centers." Opinion, p. 18.²

> For example, if HCSC applied an overall strategy to cover only those inpatient treatments (whether medical/surgical or mental health) with a particular success rate, and found after applying this criterion that residential mental health treatment would not meet that success rate (while treatment at skilled nursing facilities would), then excluding residential treatment centers would not violate the Parity Act. At this dismissalmotion stage, the complaint's allegations are assumed to be true, and all factual inferences are interpreted in favor of Natalie V. Viewed from that perspective, the complaint adequately alleges (this will be tested in discovery) that HCSC failed to apply comparable standards when it decided not to cover residential treatment centers for mental illnesses. Opinion, pp. 20-

In sum, the Natalie V. court correctly rejected the argument that the Interim Rules allowed residential treatment, and properly stated that it should be relying on the language of the Act, but then ignored that language in favor of the language of the Rules. The court's application of the "processes, strategies, evidentiary standards" language was completely improper. That language was not intended to be applied to determine whether a separate limitation can be applied to mental health; all such separate limitations are improper. That language was intended to apply to analyze whether the manner in which an insurer implements an acceptable NQTL is proper. See 29 C.F.R. § 2590.712(c) (4); C.M. v. Fletcher Allen Health Care, Inc., 2013 WL 4453754 at *3 (D. Vt. 2013).

III. Conclusion

Thank you for letting us provide you with this information. Please feel free to contact the undersigned if you require more information.

Lisa S. Kantor, Esq. Partner Kantor & Kantor LLP 19830 Nordhoff St. Northridge, CA 91324 818-886-2525 Lkantor@kantorlaw.net

Katrina Velasquez, Esq., Policy Director **Eating Disorders Coalition** 1101 14th Street NW Suite 700

Washington, DC 20005

(202) 808-8857

kvelasquez@eatingdisorderscoalition.org

PO Box 96503-98807 ■ Washington DC 20090 ■ 202-543-9570 www.eatingdisorderscoalition.org

² The Opinion inconsistently then repeats: "But where the IFRs do not answer a questions one way or the other, it is the Parity Act that controls whether a group health plan provided mental health benefits in parity with medical/surgical benefits." Ibid.



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pvatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle

Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

II. Efficacy Research on Eating Disorders Treatment

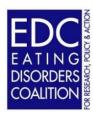
Our knowledge of eating disorders treatment and prevention has expanded over the last 10 years, yet there is much more to learn. While we do encourage further research on a wide array of topics, the level of eating disorders treatment efficacy can be comparable to other medical/surgical treatments. For example, research shows that eating disorders residential treatment efficacy for anorexia has an 89% success rate at four years³, and physical rehabilitation therapy for stroke has a 52% success rate at one year.⁴ Eating disorders is one of the few mental illnesses that people can recover from, so we encourage efforts to continue to increase research on treatment effectiveness while acknowledging the wealth of research currently existing to reinforce treatment coverage of both outpatient and higher level treatment options.

Summary of Treatment Research (to date)

- Prevalence and incidence
 - Eating disorders impact 8% of adolescent females, 4% of adolescent males, 6% of adult women and 3% of adult men. 20 million women and 10 million men will suffer from a clinically significant eating disorder at some time in their life (Hudson et al 2007, Kjelsås et al, 2004 Wade et al. 2011).
- Treatment Access Constrained
 - One in four adolescents with Anorexia Nervosa or Bulimia Nervosa get treatment; one in 10 adolescents with Binge Eating Disorder get treatment. Fewer than one in 10 adults get treatment; only 35% of whom are at a specialized eating disorder program (Hudson et al 2007)
- Treatment effectiveness data for outpatient are moderately encouraging, yet outpatient does not meet the needs of many
 - Adolescent anorexia nervosa: robust data indicating outpatient treatments are effective for about 40% of those treated (Kass et al, 2013).
 - Bulimia and binge eating disorder: data indicating outpatient treatments are effective for about 50% of those treated (Kass et al, 2013).
 - Current outpatient treatments are being enhanced and new approaches are being developed, yet approximately 35% of people will need treatment at a higher level of care such as hospital-based, residential, partialhospitalization, and intensive outpatient treatment.
 - Treatment effectiveness data for higher levels of care are emerging

³ Brewerton, T. D., & Costin, C. (2011). Long-term Outcome of Residential Treatment for Anorexia Nervosa and Bulimia Nervosa. Eating Disorders, 19(2), 132-144. doi:10.1080/10640266.2011.551632

⁴ Department of Health and Human Services, National Institute of Health (2014). Post stroke rehabilitation. Retrieved from http://l.usa.gov/1TGB0L4



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pvatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

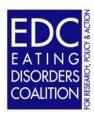
Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle

Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

- Standard of care in the eating disorder field, the American Psychiatric Association guidelines (APA, 2006), support the use of higher levels of care when patient needs are not met by outpatient treatment to support adequate weight restoration, eating disorder behavior change, and reduction in anxiety and depression.
- Multiple studies examining outcomes of hospital-based, residential, partial-hospitalization, and intensive outpatient treatment show good outcome at end of treatment and at follow-up, including weight restoration, sharp reduction or elimination of purging, cessation of diet pill or laxative use, and decrease or elimination of binge eating. A dozen published studies have shown sustained improvement at follow-up after treatment in partial hospital or residential settings. (Friedman et al,
- In one of the longest term follow-up studies to date, 89% of patients with anorexia and 75% of patients with bulimia maintained their end of treatment eating disorder behavior reductions and weight restoration four years post-treatment at the residential level of care (Brewerton and Costin, 2011a, 2011b).
- Ten studies of treatment in the partial hospital level of care demonstrated significant improvement in weight and BMI and reduction in binge/purge behaviors, as well as improvements in anxiety and depression (Friedman, K et al, 2016, Abbate-Daga et al., 2015; Crino & Djokvucic, 2010; Exterkate et al., 2009; Fittig et al., 2008; Goddard et al., 2013; Jones et al., 2007; Olmsted et al., 2003; Olmsted et al., 2013; Willinge et al., 2010; Zeeck et al., 2004)
- Six studies of residential treatment demonstrated significant weight restoration and/or reduction in binge/purge behaviors at end of treatment. (Brewerton & Costin, 2011a, 2011b Delinsky et al., 2010; Hoffart, Lysebo, Sommerfeldt, & Rø, 2010; Lowe et al., 2003; McHugh, 2007; Weltzin et al., 2014, Friedman et al, 2016.)
- Studies examining higher level of care interventions utilizing a DBT (Dialectical Behavior Therapy) approach show positive outcomes in eating disorder behavior. Bankoff, et al, 2012, Lenz et al, 2014, Federici A1, Wisniewski L, 2013).
- While more studies are needed to advance our understanding further, the literature to date supports the life-saving treatment being delivered at these higher levels of care.



Eating Recovery Center
The Emily Program
The Emily Program Foundation
Kantor & Kantor, LLP
Oliver-Pyatt Centers
Residential Eating Disorders Consortium
Veritas Collaborative

Policy Circle

Academy for Eating Disorders
The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center
Castlewood Treatment Center
Center for Discovery
Eating Disorder Center of Denver
Eating Disorder Hope
Mirasol Eating Disorder Recovery Centers
Multi-Service Eating Disorders Association
Park Nicollet Melrose Center
Rosewood Centers for Eating Disorders
Walden Behavioral Care
Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

III. National Recognized Guidelines on Eating Disorders Diagnosis and Treatment

Summary: Within the medical community, there are seven (7) practice guidelines used to allow providers to properly diagnose and treat people with eating disorders. These guidelines are from the American Psychiatric Association (APA)⁵, American Academy of Pediatrics (AAP)⁶, Academy for Eating Disorders (AED)⁷, Society for Adolescent Health and Medicine (SAHM)⁸, American Academy for Child and Adolescent Psychiatry (AACAP)⁹, American Dietetic Association (ADA)¹⁰, and the World Federation of Societies of Biological Psychiatric (WFSBP)¹¹. It is important to note that the guidelines provided by the American Psychiatric Association are the most broadly used by the treatment providing community. Note that the APA fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) was published in May 2013 and is the current standard for diagnosis of eating disorders. However guidelines published before 2013 include the DSM-IV diagnostic criteria.

What is provided below breaks down the guidelines into seven sections and provides overarching summaries that compare each guideline within the categories. We recommend that the federal government agencies provide guidelines to health insurance providers to use the APA standard to ensure that the review for medical necessity, non-quantitative treatment limits, and prior authorization is consistent across treatment providers and health insurance reviewers.

American Psychiatric Association. (2012). Guideline watch: Practice guideline for the treatment of patients with eating disorders (3rd ed). Washington, DC: American Psychiatric Association. This 2012 update reviewed newer studies, but concluded that none of the 2006 treatment guidelines required changes. The only exception was one medication (sibutramine for BED) which has been removed from the market due to safety concerns.

Referenced as WFSBP

PO Box 96503-98807 ■ Washington DC 20090 ■ 202-543-9570 www.eatingdisorderscoalition.org

⁵ American Psychiatric Association. (2006). Practice guideline for the treatment of patients with eating disorders (3rd ed). Washington, DC: American Psychiatric Association. <u>Referenced as APA</u>

⁶ Rosen, D. S. (2010). Identification and management of eating disorders in children and adolescents. *Pediatrics*, 126(6), 1240-1253. **Referenced as AAP** (American Academy of Pediatrics)

⁷ Academy for Eating Disorders. (2016). Critical points for early recognition & medical risk management in the care of individuals with eating disorders (3rd ed.). Reston, VA: Academy for Eating Disorders. **Referenced as AED**

⁸ Golden, N. H., Katzman, D. K., Sawyer, S. M., Ornstein, R. M., Rome, E. S., Garber, A. K., . . . Kreipe, R. E. (2015). Position paper of the Society for Adolescent Health and Medicine: medical management of restrictive eating disorders in adolescents and young adults. *Journal of Adolescent Health*, 56(1), 121-125. **Referenced as SAHM**

⁹ Lock, J. D. & La Via, M. (2015). Practice parameter for the assessment and treatment of children and adolescents with eating disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54(5), 412-425. **Referenced as AACAP**

¹⁰ Ozier, A. D. & Henry, B. W. (2011). Position of the American Dietetic Association: nutrition intervention in the treatment of eating disorders. *Journal of the American Dietetic Association*, 111(8), 1236-1241. **Referenced as ADA**

¹¹ Aigner, M., Treasure, J., Kaye, W. H., & Kasper, S. (2011). World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for the pharmacological treatment of eating disorders. *World Journal of Biological Psychiatry*, 12(6), 400-443.



Eating Recovery Center
The Emily Program
The Emily Program Foundation
Kantor & Kantor, LLP
Oliver-Pyatt Centers
Residential Eating Disorders Consortium
Veritas Collaborative

Policy Circle

Academy for Eating Disorders
The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center
Castlewood Treatment Center
Center for Discovery
Eating Disorder Center of Denver
Eating Disorder Hope
Mirasol Eating Disorder Recovery Centers
Multi-Service Eating Disorders Association
Park Nicollet Melrose Center
Rosewood Centers for Eating Disorders
Walden Behavioral Care
Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

A. Diagnostic:

Diagnostic elements are the criteria used to diagnose a patient with a particular illness. In this case, it would be an eating disorder. Each of these guidelines describes at least three types of eating disorders including: Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder.

- APA: DSM-IV-TR diagnostic criteria listed
- AED: Gives general descriptions of the various eating disorders, with link to their website for more detailed DSM-V information.
- AAP: DSM-IV-TR diagnostic criteria listed
- AACAP: DSM-5 diagnostic criteria described
- SAHM: DSM-5 diagnostic criteria described
- ADA: DSM-IV and DSM-5 criteria described
- WFSBP: DSM-IV criteria listed

The difference between the DSM-IV and the DSM-V is in the DSM-V, Binge Eating Disorder is listed as a distinct disorder. Prior to that, it was a subset of "Eating Disorders Not Otherwise Specified." The APA guidelines were written before that change took place, so the newer criteria are not included.

B. Screening:

Screening is the evaluation of a patient to determine whether or not they meet the criteria to be diagnosed with a particular illness or disorder. Overall, six of the seven guidelines have criteria on screening for eating disorders which are similar, but not universal, across the guidelines.

- APA: Several assessment tools including the Eating Disorder Examination (EDE), Eating Disorder Examination-Questionnaire (EDE-Q), Yale-Brown-Cornell Eating Disorder Scale (YBC-EDS), Bulimia Test—Revised (BULIT-R) and Eating Disorder Inventory-2 (EDI-2) are mentioned. Information from family is important.
- AED: Recommends watching for sudden changes in weight (losing or gaining), sudden changes in eating and exercise behaviors, and changes in menstrual function. The SCOFF assessment tool¹² is recommended.
- AAP: Recommends screening of all pre-adolescents/adolescents in primary care, using SCOFF, growth charts, and information from parents. If needed, a more detailed evaluation is recommended to determine severity, and doctors must be acquainted with the medical symptoms and consequences of an eating disorder.
- AACAP: Recommends screening of all pre-adolescents/adolescents in primary care for eating attitudes and body image issues. Growth

PO Box 96503-98807 ■ Washington DC 20090 ■ 202-543-9570 www.eatingdisorderscoalition.org

¹² SCOFF Assessment Tool stands for

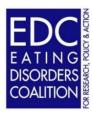
S-Do you make yourself Sick because you feel uncomfortably full?

C – Do you worry you have lost Control over how much you eat?

O – Have you recently lost more than one stone (6.35 kg) in a three-month period?

F – Do you believe yourself to be Fat when others say you are too thin?

F – Would you say Food dominates your life?



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pyatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

charts and input from parents are important. The EDE-O, Eating Disorder Inventory (EDI), or Eating Attitudes Test (EAT). For younger children, the Kids' Eating Disorder Survey (KEDS), the Children's Eating Disorder Examination-Questionnaire (ChEDE-Q), the Children's Eating Disorder Inventory (EDI-C), and the Child-Eating Attitudes Test (CHEAT) are all mentioned as screening tools.

SAHM: Primary care physicians must have knowledge of the medical and behavioral symptoms of an eating disorder. No specific recommendations for screening tools.

C. Medical Complications:

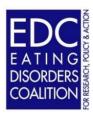
A medical complication is an unfavorable consequence of an illness or disorder, a health condition or a therapy. The illness or disorder can become worse in its severity, show a higher number of signs, show new symptoms or pathological changes, become widespread throughout the body or affect other organ systems.

- APA: Describes the medical complications of an eating disorder, with recommended tests and possible abnormal findings.
- AED: Describes the medical complications of an eating disorder, with recommended tests and possible abnormal findings.
- AAP: Describes the medical complications of eating disorders. No list of recommended tests.
- AACAP: Describes the medical complications of an eating disorder. No list of recommended tests.
- SAHM: Medical complications are not described.
- ADA: Medical complications are not described.
- WFSBP: Medical complications are not described.

D. Outpatient Treatment:

Outpatient treatment is the most flexible level of care for eating disorders and is the level of care offering the least disruption to regular day-to-day life. The cornerstone of an outpatient treatment plan is counseling. On an outpatient basis, counseling typically occurs at least once a week. However, depending on individual needs and the seriousness of the eating disorder, a therapist may recommend that a patient attend sessions more frequently. Five out of the six guidelines recommend a multidisciplinary team approach to outpatient treatment, including a therapist, medical doctor, and nutrition specialist.

APA: Recommends a multidisciplinary team approach (psychiatrist, psychologist, dietitian, other specialists as needed). Family based therapy is recommended for children and adolescents. Studies on interpersonal psychotherapy, cognitive dialectical behavior therapy, behavioral therapy, psychodynamic therapy are briefly described. 12-step programs are mentioned, with a warning that they should not be used as a stand-alone treatment.



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pvatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

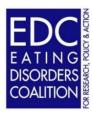
Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

- AED: Recommends a multidisciplinary team approach (medical, psychological & nutritional). Family should be involved whenever possible. Specific therapies are not described.
- AAP: Patients with limited dysfunction may be treated by the pediatrician, in conjunction with a dietician and mental health support. More severe patients may require a specialized multidisciplinary outpatient team. Family-based therapy is described.
- AACAP: Recommends a multidisciplinary team approach (psychotherapist, pediatrician, and dietician). Describes studies on family-based therapy, adolescent-focused therapy, and cognitive behavioral therapy for adolescents. Interpersonal psychotherapy and dialectical behavior therapy are also mentioned for adults.
- SAHM: Recommends a multidisciplinary team, but does not define all members. Family-based therapy is recommended and no other types of therapy are described.
- ADA: Role of the dietitian as part of a multidisciplinary team is detailed. Cognitive behavioral therapy and dialectical behavior therapy are described. Family therapy is mentioned.
- WFSBP: Some discussion of cognitive behavioral therapy in combination with pharmacotherapy.

Higher Levels of Care:

There are different levels of care accessible to those with eating disorders, depending on the severity of their illness. For the most severe cases, inpatient hospitalization is needed. Here they will receive medical and psychiatric stabilization with 24/7 care. The next level of care would be residential treatment, where the patient will receive 24/7 care, but has reached medical and psychiatric stabilization. After residential treatment, a patient could receive partial hospitalization / day treatment, which provides intervention on a daily basis. Finally, as the lowest level of higher care, a patient could receive intensive outpatient treatment (IOP), where some intervention is still needed, but the patient can begin to return to some regular day-time activities. It is important to note that treatment levels and plans vary by patient, so while the above is designed to be an all-inclusive list of the types of treatment levels, a patient's treatment will likely vary in the level of care and which treatments they dropdown based upon the severity of their illness.

- APA: Criteria for medical and psychiatric needs for referral to a higher level of care are listed. This is the only guideline that discusses involuntary commitment for some patients. This guideline contains different criteria for IOP, Partial-hospital, residential, inpatient treatment.
- AED: Criteria for medical and psychiatric needs for referral to a higher level of care are listed, however, only "hospitalization" is mentioned.



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pyatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle

Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

- AAP: Criteria for medical and psychiatric needs for referral to a higher level of care are listed. Day treatment (partial-hospitalization) and inpatient treatment are described. They refer to the APA guidelines to decide which level is needed.
- AACAP: Patients with medical complications or poor response to treatment may require a higher level of care. Stays should be short, with family involvement. Partial hospital, residential, and inpatient are mentioned, but no criteria for how to choose a level.
- SAHM: Criteria for medical and psychiatric needs for referral to a higher level of care are listed. IOP, partial hospital, residential, and inpatient are mentioned, but no criteria for how to choose a level.

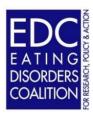
Refeeding/Weight Restoration:

Weight restoration is the first and one of the most essential parts of the treatment process for patients with eating disorders. Without nutritional rehabilitation, patients face severe and potentially life-threatening consequences of starvation, such as organ failure, stroke, or cardiac arrest. However, the process of nutritional rehabilitation—also called refeeding—can itself be risky. Patients are at risk for a medical complication known as refeeding syndrome, which can cause permanent disability and even death. The guidelines listed all vary greatly in the manner in which weight restoration is handled.¹³

- APA: Goal weights are discussed with a weekly goal of up to 1 lb. in outpatient treatment and 2-3 lbs. for hospitalized patients. Refeeding syndrome is discussed as well as parenteral (tube feeding) nutrition in some circumstances, including involuntary treatment.
- AED: Prevention and management of refeeding syndrome is detailed. Setting of goal weights is not described, but a weekly goal of 1-2 kg (2-4 lbs.) is mentioned.
- AAP: Goal weights are briefly discussed as is refeeding syndrome. Parenteral nutrition is mentioned for some patients.
- AACAP: The need for weight restoration is some patients is mentioned, but setting of goal weights is not described. Dietitians are mentioned as part of a multidisciplinary team. Tube feeding is mentioned for some hospitalized patients.
- SAHM: Setting of goal weights is briefly described, with a discussion of the need for standardization of terminology. Weekly goal of 1-2 kg is mentioned. Refeeding syndrome is briefly mentioned, but parenteral nutrition is not.
- ADA: Setting of goal weights is not discussed, nor are weekly goals. Refeeding syndrome is briefly mentioned, but parenteral nutrition is not.
- WFSBP: Not discussed.

PO Box 96503-98807 ■ Washington DC 20090 ■ 202-543-9570 www.eatingdisorderscoalition.org

¹³ Kay, J. (2015). Refeeding Syndrome. Retrieved from http://www.mirrormirror.org/refeeding-syndrome.htm



Eating Recovery Center
The Emily Program
The Emily Program Foundation
Kantor & Kantor, LLP
Oliver-Pyatt Centers
Residential Eating Disorders Consortium
Veritas Collaborative

Policy Circle

Academy for Eating Disorders
The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

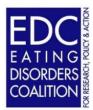
Cambridge Eating Disorder Center
Castlewood Treatment Center
Center for Discovery
Eating Disorder Center of Denver
Eating Disorder Hope
Mirasol Eating Disorder Recovery Centers
Multi-Service Eating Disorders Association
Park Nicollet Melrose Center
Rosewood Centers for Eating Disorders
Walden Behavioral Care
Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Éating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

Pharmacotherapy:

Pharmacotherapy is the means of medical treatment through the use of drugs. The guidelines listed all vary greatly in the manner pharmacotherapy is handled.

- AED: Medications are not discussed.
- APA: Medications, including selective serotonin reuptake inhibitors and other classes of antidepressants, antipsychotics, mood stabilizers, and other medications are discussed.
- AAP: Medications, including selective serotonin reuptake inhibitors, are briefly discussed.
- AACAP: Studies on medications, including selective serotonin reuptake inhibitors and antipsychotics, are briefly described.
- SAHM: Medications are not discussed.
- ADA: Fluoxetine is the only medication specifically mentioned.
- WFSBP: Studies on a variety of medications are detailed, including selective serotonin reuptake inhibitors and other classes of antidepressants, antipsychotics, antiepileptics, and several other medications.



Eating Recovery Center
The Emily Program
The Emily Program Foundation
Kantor & Kantor, LLP
Oliver-Pyatt Centers
Residential Eating Disorders Consortium
Veritas Collaborative

Policy Circle

Academy for Eating Disorders
The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

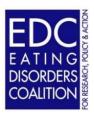
Cambridge Eating Disorder Center
Castlewood Treatment Center
Center for Discovery
Eating Disorder Center of Denver
Eating Disorder Hope
Mirasol Eating Disorder Recovery Centers
Multi-Service Eating Disorders Association
Park Nicollet Melrose Center
Rosewood Centers for Eating Disorders
Walden Behavioral Care
Wrobel & Smith, PLLP

Hope Circle

Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

IV. Training for Health Insurance Reviewers on Eating Disorders

Please find attached a presentation designed by Chase Bannister, Senior Vice President and Chief Strategy & Clinical Integrity Officer of Veritas Collaborative, Jillian Lampert, Chief Strategy Officer of the Emily Program, and Kezia Reeder of the Emily Program that can be used to help train health insurance reviewers on the treatment of eating disorders.



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pvatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

V. Case Example of Health Insurance Lack of Coverage for Eating **Disorders- Anna Westin Story**



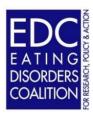
Anna Selina Westin November 27, 1978 – February 17, 2000

On a cold Minnesota day in February 2000, in the early morning hours, I found my beautiful 21-year-old daughter curled up on her bedroom floor. I thought she was fast asleep but when I tried to wake her I couldn't. Anna died by suicide that day. She had been suffering from a mental illness, anorexia, a disease that has the highest mortality rate of any mental illness. In one of her last journal entries she expressed her hopelessness and talked about how much she was suffering and how pessimistic she was that she would have a future free of the illness that had hijacked her life.

How could something like this happen? Even though our family had paid top dollar for what we believed was a comprehensive insurance plan, Anna was unable to get the care she needed to save her life. She had a treatable disease and if she had been able to access treatment she would almost certainly be alive today. I still have nightmares going back to July, 1999; the day I brought Anna to a specialty clinic for an eating disorder evaluation. The doctor did a short exam then recommended immediate hospitalization because she was medially compromised. He told me that if I took her home she would likely die. Her heart was damaged, her kidneys were not working properly, her blood pressure was erratic, and her body temperature was dangerously low. Imagine my shock when our insurance company told me that they would not authorize the care that would save her life and told me to take her home. I realized in that moment that we were not only fighting an extremely serious and possibly fatal illness; we were going to be forced into a fight with the insurance company. Just when we needed to be 100% focused on helping Anna, we were forced to put energy and precious time into a frustrating and ultimately unsuccessful battle with Blue Cross/Blue Shield of Minnesota.

Anna Westin was a spirited, intelligent, artistic young woman who had hopes, dreams and a future filled with possibilities. She was loved and nurtured and she was healthy and happy until she got a disease that robbed her of her will to live, a disease that affects over 30 million Americans, a disease that is often misunderstood by physicians, educators, and the community in general.

The day Anna died was the day I vowed to fight back and to do everything in my power to prevent others from suffering like Anna did and as our family family started down path our grief and rage into something positive and find a way to transform the horror of Anna's death into something meaningful. There has been progress and I am proud of the small part I have played. However, we still have so much to do to address the wide spread discrimination against people who struggle with mental illness, including eating disorders.



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pyatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

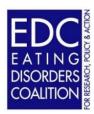
Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

VI. Sources Cited

- Abbate-Daga, G., Gramaglia, C., Preda, S., Comba, E., Brustolin, A., & Fassino, S. (2009). Day hospital programmes for eating disorders: A review of the similarities, differences and goals. Eating and Weight Disorders, 14, e31–e41.
- Abbate-Daga, G., Marzola, E., De-Bacco, C., Buzzichelli, S., Brustolin, A., Campisi, S., et al. (2015). Day hospital treatment for anorexia nervosa: A 12-month follow-up study. European Eating Disorders Review, 23, 39–398.
- Bankoff, S. M., Karpel, M. G., Forbes, H. E., & Pantalone, D. W. (2012). A systematic review of dialectical behavior therapy for the treatment of eating disorders. Eating Disorders, 20(3), 196-215.
- Brewerton, T., & Costin, C. (2011a). Long-term outcome of residential treatment for anorexia nervosa and bulimia nervosa. Eating Disorders, 19, 132–144. 10.1080/10640266.2011.551632.
- Brewerton, T., & Costin, C. (2011b). Treatment results of anorexia nervosa and bulimia nervosa in a residential treatment program. Eating Disorders, 19, 117–131. 10.1080/10640266.2011.551629.
- Crino, N., & Djokvucic, I. (2010). Cohesion to the group and its association with attendance and early treatment response in an adult day-hospital program for eating disorders: A preliminary clinical investigation. Clinical Psychologist, 14, 54-61.
- Delinsky, S., St. Germain, S., Thomas, J., Craigen, K., Fagley, W., Weigel, T., et al. (2010). Naturalistic study of course, effectiveness, and predictors of outcome among female adolescents in residential treatment for eating disorders. Eating and Weight Disorders, 15, 127–
- Eltzin, T., Kay, B., Cornella-Carlson, T., Timmel, P., Klosterman, E., Kinnear, K., et al. (2014). Long-term effects of a multidisciplinary residential treatment model on improvements of symptoms and weight in adolescents with eating disorders. Journal Groups Addict & Recover, 9, 71–85.
- Exterkate, C., Vriesendorp, P., & de Jong, C. (2009). Body attitudes in patients with eating disorders at presentation and completion of intensive outpatient day treatment. Eating Behaviors, 10, 16–21.
- Fittig, E., Jacobi, C., Backmund, H., Gerlinghoff, M., & Wittchen, H. (2008). Effectiveness of day hospital treatment for anorexia nervosa and bulimia nervosa. European Eating Disorders Review, 16, 341– 351.
- Friedman, K., Ramirez, A., Murray, S. B., Anderson, L. K., Cusack, A., Boutelle, K. N., & Kaye, W. H. (2016). A narrative review of outcome studies for residential and partial hospital-based treatment of eating disorders. European Eating Disorders Review, 24(4), 263-276.
- Goddard, E., Hibbs, R., Raenker, S., Salerno, L., Arcelus, J., Boughton, N., et al. (2013). A multi-centre cohort study of short term outcomes of hospital treatment for anorexia nervosa in the UK. BMC Psychiatry, 13, 287.



Eating Recovery Center The Emily Program The Emily Program Foundation Kantor & Kantor, LLP Oliver-Pyatt Centers Residential Eating Disorders Consortium Veritas Collaborative

Policy Circle

Academy for Eating Disorders The Renfrew Center

Leadership Circle

Alliance for Eating Disorders Awareness Gail R. Schoenbach FREED Foundation Monte Nido Treatment Center Reasons Eating Disorder Center Remuda Ranch

Advocacy Circle

Binge Eating Disorder Association Center for Change Laureate Eating Disorders Program Timberline Knolls

Support Circle

Cambridge Eating Disorder Center Castlewood Treatment Center Center for Discovery Eating Disorder Center of Denver Eating Disorder Hope Mirasol Eating Disorder Recovery Centers Multi-Service Eating Disorders Association Park Nicollet Melrose Center Rosewood Centers for Eating Disorders Walden Behavioral Care Wrobel & Smith, PLLP

Hope Circle Aloria Health BingeBehavior.com Casa Palmera Eating Disorder Coalition of Iowa (EDCI) The Eating Disorder Foundation Eating Disorder Therapy LA The Eating Disorders Center at Rogers Memorial Hospital EDN of Maryland **FEAST FINDING***balance* Gurze Books International Federation of Eating Disorders Dietitians (IFEDD) McCallum Place Eating Disorder Centers The National Association of Anorexia Nervosa and Associated Eating Disorders Theravive

- Hoffart, A., Lysebo, H., Sommerfeldt, B., & Rø, O. (2010). Change process in residential cognitive therapy for bulimia nervosa. European Eating Disorders Review, 18, 367–375.
- Hudson JI, Hiripi E, Pope HG Jr, Kessler RC. The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. Biol Psychiatry. 2007 Feb 1;61(3):348-58. Epub 2006 Jul 3.
- Jones, A., Bamford, B., Ford, H., & Schreiber-Kounine, C. (2007). How important are motivation and initial Body Mass Index for outcome in day therapy services for eating disorders? European Eating Disorders Review, 15, 283–289.
- Kass, E., Andrea; Kolko, P., Rachel; Wilfley, E., Denise. Current Opinion in Psychiatry, 2013, Vol.26(6), p.549-555.
- Kjelsås E, Bjørnstrøm C, Götestam KG. Prevalence of eating disorders in female and male adolescents (14-15 years). Eat Behav. 2004 Jan;5(1):13-25.
- Lenz, A. S., Taylor, R. S., Fleming, M., & Serman, N. (2014). Effectiveness of Dialectical Behavior Therapy for treating eating disorders. Journal of Counseling & Development, 92(1), 26-35.
- Lowe, M., Davis, W., Annuziato, R., & Lucks, D. (2003). Inpatient treatment for eating disorders: Outcome at discharge and 3- month follow-up. Eating Behaviors, 4, 385–397.
- McHugh, M. (2007). Readiness for change and short-term outcomes of female adolescents in residential treatment for anorexia nervosa. International Journal of Eating Disorders, 40, 602–612.
- Olmsted, M., Kaplan, A., & Rockert, W. (2003). Relative efficacy of a 4-day versus a 5-day day hospital program. International Journal of Eating Disorders, 34, 411–449.
- Olmsted, M., McFarlane, T., Trottier, K., & Rockert, W. (2013). Efficacy and intensity of day hospital treatment for eating disorders. Psychotherapy Research, 23, 277–286.
- Wade, T. D., Keski-Rahkonen A., & Hudson J. (2011). Epidemiology of eating disorders. In M. Tsuang and M. Tohen (Eds.), Textbook in Psychiatric Epidemiology (3rd ed.) (pp. 343-360). New York: Wiley.
- Willinge, A., Touyz, S., & Thornton, C. (2010). An evaluation of the effectiveness and short-term stability of an innovative Australian day patient programme for eating disorders. European Eating Disorders Review, 18, 220-233.
- Zeeck, A., Herzog, T., & Hartmann, A. (2004). Day clinic or inpatient care for severe bulimia nervosa? European Eating Disorders Review, 12, 79–86.
- Zeeck, A., Weber, S., Sandholz, A., Joos, A., & Hartmann, A. (2011). Stability of long-term outcome in bulimia nervosa: A 3-year followup. Journal of Clinical Psychology, 67, 318–327.
- Zeeck, A., Weber, S., Sandholz, A., Wetzler-Burmeister, E., Wirsching, M., & Hartmann, A. (2009). Inpatient versus day clinic treatment for bulimia nervosa: A randomized trial. Psychotherapy and Psychosomatics, 78, 152–160.