



Highest Standards of Care

July 31, 2021

The Honorable Patty Murray  
Chairwoman  
Senate Committee on Health, Education, Labor, and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Frank Pallone, Jr.  
Chairman  
House Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

*Submitted electronically to Saha Khaterzai, House Committee on Energy and Commerce at publicoption@mail.house.gov and Colin Goldfinch, Senate Committee on Health, Education, Labor, and Pensions at publicoption@help.senate.gov*

Dear Chairwoman Murray and Chairman Pallone:

On behalf of the REDC Consortium, we thank you for the opportunity to provide information regarding legislation to develop a federally administered public health insurance option. The REDC Consortium is a national trade association of eating disorder treatment centers, representing approximately 85 percent of the higher levels of eating disorder care centers in the United States including inpatient, residential, partial hospitalization, day program, and intensive outpatient treatment.

Our members agree to treatment and operational standards including accreditation by the independent accrediting bodies of the Joint Commission and/or Commission on Accreditation of Rehabilitation Facilities (CARF), conduct collaborative research, and work together to address treatment access issues facing individuals with eating disorders and their families. Most recently, the REDC Consortium launched the Standards of Excellence Project (STEP), which represents the strongest, clearest, declaration of the patient-centered values, beliefs, and principals that guide our members work every day. Our ultimate mission is to collaboratively address issues impacting treatment programs to increase access to treatment for individuals struggling with eating disorders.

**As your respective committees consider a public health insurance option, we strongly urge that the benefit design and delivery of care 1) adhere to the Mental Health Parity and Addiction Equity Act (MHPAEA); and 2) cover the delivery of health care services for telehealth, including partial hospitalization and intensive outpatient.**

REDC members are in the business of treating people affected by the serious mental illness of eating disorders and co-occurring conditions associated with the disorder, including substance use disorder. Eating disorders are complex, biologically-based serious mental illnesses that have the

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second highest mortality rate of any psychiatric illness—with one person losing their life every 52 minutes as a direct result of an eating disorder.<sup>1</sup> Approximately 28.8 million Americans experience a clinically significant eating disorder during their lifetime<sup>2</sup>, affecting individuals of all ages, races, genders, ethnicities, socioeconomic backgrounds, body sizes, and sexual orientations.<sup>3</sup> Under the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders: DSM-5, eating disorders include the specific disorders of anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant/restrictive food intake disorder, and other specified feeding or eating disorders.<sup>4</sup> These disorders are unique in that they co-occur and can lead to several mental health and medical complications. For example, 25 percent of people experiencing an eating disorder have a co-occurring substance use disorder.<sup>5</sup> Additionally, eating disorders are associated with a range of medical complications including cardiac disability, starvation, hepatitis, refeeding syndrome, cognitive dysfunction, kidney failure, esophageal cancer, osteoporosis, fractures (hip, back, etc.), hypoglycemic seizures, amenorrhea, infertility, high and low blood pressure, Type II diabetes mellitus, edema (swelling), high cholesterol levels, gall bladder disease, decalcification of teeth, severe dehydration, chronically inflamed sore throat, and inflammation and possible rupture of the esophagus.<sup>6,7</sup>

When families across the nation do not have affordable and comprehensive insurance coverage that includes mental health and substance use disorder (MH/SUD) treatment at all levels of care, they are not able to be admitted into specialized facilities like ours for lifesaving treatment without finding the out-of-pocket means to cover their care. Studies show that when a person with a severe eating disorder like anorexia does not receive comprehensive treatment, 41 percent of patients will relapse and are two times more likely to end up in the emergency room than someone without an eating disorder.<sup>8</sup> In turn, eating disorder readmissions amount to \$29.3 million in emergency room visits annually and \$209.7 million for inpatient hospitalizations annually.<sup>9</sup> Barriers to comprehensive treatment cost the U.S. \$64.7 billion each year with individuals and families

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<sup>1</sup> 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/>

<sup>2</sup> Ibid.

<sup>3</sup> Le Grange, D., Swanson, S. A., Crow, S. J., & Merikangas, K. R. (2012). Eating disorder not otherwise specified presentation in the US population. *International Journal of Eating Disorders*, 45(5), 711-718.

<sup>4</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C: American Psychiatric Association.

<sup>5</sup> Bahji, A., Mazhar, M. N., Hawken, E., Hudson, C. C., Nadkarni, P., & MacNeil, B. A. (2019). Prevalence of substance use disorder comorbidity among individuals with eating disorders: a systematic review and meta-analysis. *Psychiatry Research*, 273, 58-66.

<sup>6</sup> Westmoreland, P., Krantz, M. J., & Mehler, P. S. (2016). Medical complications of anorexia nervosa and bulimia. *Am J Med*, 129(1), 30–37.

<sup>7</sup> Thornton, L. M., Watson, H. J., Jangmo, A., Welch, E., Wiklund, C., von Hausswolff-Juhlin, Y., . . . Bulik, C. M. (2017). Binge-eating disorder in the Swedish national registers: somatic comorbidity. *Int J Eat Disord*, 50(1), 58-65.

<sup>8</sup> Tackling Relapse Among Anorexia Nervosa Patients. (2013). *Eating Disorders Review*, 24, 9-11.; Yafu Zhao, M., & Encinosa, W., Ph.D. (2011, September). An Update on Hospitalizations for Eating Disorders, 1999 to 2009. Retrieved from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb120.jsp>

<sup>9</sup> 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/>.



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shouldering \$23.5 billion, government shouldering \$17.7 billion, and employers shouldering \$16.3 billion respectively.<sup>10</sup>

### **Mental Health Parity and Addiction Equity Act Inclusion**

Since MHPAEA's historic passage in 2008, incompliance remains among insurance companies. Individuals and families with MH/SUD conditions are victim to the most egregious violations of the law. For example, the landmark 2019 *Wit v. United Healthcare Insurance Company* case featured Natasha Wit as the main plaintiff who sought coverage for treatment of multiple chronic conditions, including a severe eating disorder and was repeatedly denied treatment by UBH.<sup>11</sup> The 11 plaintiffs in the case represented over 50,000 patients who were denied care under UBH discriminatory policies.<sup>12</sup> Additionally, the House Appropriations Labor, Health and Human Services, and Education and Related Agencies FY22 Committee Report expressed concerns with the continued lack of oversight and compliance with the law. The committee report cited a 2019 GAO report that found lack of adherence extends beyond plans investigated by the DOL and includes plans over which HHS has oversight authority.<sup>13</sup> These examples underscore the need to integrate MHPAEA regulations into any federally administered public health insurance option as insurance companies continue to flout the law.

Moreover, Medicare's benefit package should not be used as a template to determine a public health insurance option given Medicare is not subject to MHPAEA and fails to cover comprehensive eating disorders treatment. Specifically, Medicare does not cover residential, partial hospitalization (outside of a hospital), and intensive outpatient treatment for eating disorders. Further, it does not cover registered dietitian services or even an assessment from an eating disorder specialist or the provision of mental health crisis services. As Medicare historically sets the tone for what services other public health insurance and commercial insurance covers and reimburses for, Medicare inadequacies have been replicated within TRICARE and the commercial market which continues to be a disservice for individuals and families with MH/SUD.

### **MH/SUD Services Provided Via Telehealth**

The COVID-19 pandemic has drastically changed healthcare delivery and we commend CMS's efforts in adding numerous flexibilities in service delivery to ensure individuals can still receive the health care they need during this difficult period. The mental health impacts across the nation continue to persist with 47 percent of Americans continuing to report negative mental health

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<sup>10</sup> Ibid.

<sup>11</sup> Kennedy, Patrick & Ramstad, Jim. (2019). Landmark ruling sets precedent for parity coverage of mental health and addiction treatment. Stat News. Retrieved from <https://www.statnews.com/2019/03/18/landmark-ruling-mental-health-addiction-treatment/>

<sup>12</sup> Ibid.

<sup>13</sup> U.S. House. Committee on Appropriations. Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Bill, 2022. Available from: <https://docs.house.gov/meetings/AP/AP00/20210715/113908/HMKP-117-AP00-20210715-SD003.pdf>; Accessed: 7/28/21.



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impacts related to worry and stress from the pandemic.<sup>14</sup> According to FAIR Health, mental health conditions accounted for almost 60 percent of the top 5 diagnoses in April 2021, which is an approximate 25 percent increase from April 2020.<sup>15, 16</sup> Further, adolescent eating disorders diagnoses has increased by 30 percent year over year, which we have witnessed firsthand as we work on the frontlines to provide lifesaving care.<sup>17</sup>

To protect staff and patients and adhere to social distancing guidelines, our centers pivoted quickly to telehealth for our PHP and IOP programs. This allowed for our patients in residential care or who required PHP in-person treatment to safely continue receiving care. We estimate that 75 percent of our members are delivering care via telehealth in addition to providing in-person services. A study that came out this month compared eating disorder care in a telehealth (virtual) IOP setting vs. IOP in-person setting and found no differences in patient outcomes.<sup>18</sup> The findings included a significant decrease in eating disorders symptoms, depression, and perfectionism and a significant increase in body mass index/weight restoration.<sup>19</sup> Another study examined outcomes of providing telehealth (virtual) IOP services and reported significant and clinically meaningful improvements in all outcomes measured including self-reported eating disorders symptoms, depression and self-esteem, and overall quality of life.<sup>20</sup> The findings underscore what we have seen in our centers every day since the onset of the pandemic. Expanding access to eating disorders care through telehealth continues to fill a great need for individuals without transportation, individuals in communities where there are no local treatment options for specialized care, individuals residing in areas with inclement weather, and for individuals with co-occurring conditions that make it feasible to participate in treatment from home whereas their condition would normally result in a no-show appointment.

Given these positive outcomes, we urge integrating telehealth as a covered treatment modality within the design of an essential health benefits public health insurance package. We are pleased to see Washington State recently passed two laws mandating service parity for essential health benefits under the ACA that are determined to be safely and effectively provided through telehealth and payment parity for services whether provided in-person or through telehealth.<sup>21</sup> These are

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<sup>14</sup> Kearney, A., Hamel, L., & Brodie, M. (April 14, 2021). Mental Health Impact of the COVID-19 Pandemic: An Update. Kaiser Family Foundation. Retrieved from <https://www.kff.org/coronavirus-covid-19/poll-finding/mental-health-impact-of-the-covid-19-pandemic/>

<sup>15</sup> FAIR Health. Monthly Telehealth Regional Tracker, Mar. vs. Apr. 2021, United States Month-to-Month Comparison. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/apr-2021-national-telehealth.pdf>

<sup>16</sup> FAIR Health. Monthly Telehealth Regional Tracker, Apr. 2020, United States. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/apr-2020-national-telehealth.pdf>

<sup>17</sup> Tanner, Lindsay. (May 23, 2021). Pandemic has fueled eating disorder surge in teens, adults. Associated Press. Retrieved <https://apnews.com/article/coronavirus-pandemic-virus-lifestyle-eating-disorders-health-27c9d5680980b1452f7e512db4d9f825>

<sup>18</sup> Levinson, C., Spoor, S., Keshishian, A., & Pruitt, A. Pilot outcomes from a multidisciplinary telehealth versus in-person intensive outpatient program for eating disorders during versus before the Covid-19 pandemic. *Int J Eat Disord.* 2021 July 10. <https://doi.org/10.1002/eat.23579>.

<sup>19</sup> Ibid.

<sup>20</sup> Blalock, D., LeGrange, D., Johnson, C., Duffy, A., Manwaring, J., Tallent, C., Schneller, K., Solomon, A., Mehler, P., McClanahan, S., & Rienecke, R. Pilot assessment of a virtual intensive outpatient program for adults with eating disorders. *Eur Eat Disorders Rev.* 2020; 28:789-795. <https://doi.org/10.1002/erv.2785>

<sup>21</sup> Center for Connected Health Policy. Washington Current State Laws & Policy. Retrieved from <https://www.cchpca.org/washington/?category=private-payer&topic=parity>.



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positive steps forward at the state level as we remain increasingly concerned that payers will end telehealth coverage and remove access to medically necessary treatment for individuals. We are already starting to see this unfold as the nation’s largest insurer, Optum/UnitedHealth Group has announced termination of coverage for PHP/IOP telehealth effective September 30, 2021.<sup>22</sup> Such coverage termination will result in the discontinuation of care for patients who are actively receiving a higher level of care and prevent patients at higher levels of treatment from transitioning to the clinically essential ambulatory levels of care.

The arbitrary end date for telehealth coverage fails to take into consideration a patients’ access to treatment and there has been no effort to provide for transitional planning or continuity of care for those already in treatment. Payers have presented no clinical or public health reasoning for the discontinuation of coverage for these services; however, some of these practices can be curtailed if telehealth is integrated as a covered health service delivery modality at the onset of the creation of a public health insurance option.

## **Conclusion**

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Access to quality, comprehensive, and affordable care that includes MH/SUD treatment is of critical importance to the work of the REDC Consortium and a key pillar for successful health outcomes for our patients and the nation. We thank you for your each of your committee’s leadership in exploring ways to make a federally administered public health insurance option a reality for all Americans.

We look forward to continuing to work with you on this important issue.

Sincerely,

ACUTE Center for Eating Disorders

Colorado – Denver

Alsana Alabama – Birmingham

Alsana California – Monterey

Alsana California – Santa Barbara

Alsana California – Westlake Village

Alsana Missouri – St. Louis

Carolina House North Carolina – Durham

Carolina House North Carolina – Raleigh

Center for Change Idaho – Boise

Center for Change Utah – Cottonwood

Heights

Center for Change Utah – Orem

Center for Discovery California – Beverly Hills

Center for Discovery California – Danville

Center for Discovery California – Del Mar

Center for Discovery California – Fremont

Center for Discovery California – Glendale

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<sup>22</sup> Optum Provider Express. COVID-19 IOP/PHP Telehealth Policy Updates. Retrieved from <https://www.providerexpress.com/content/ope-provexpr/us/en/COVID-19 Provider Updates/COVID-19 IOP- PHP Telehealth Policies.html>.

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Center for Discovery California – Granite Bay

Center for Discovery California – La Habra

Center for Discovery California – La Jolla

Center for Discovery California – Newport  
Beach

Center for Discovery California –  
Pleasanton

Center for Discovery California – Rancho  
Palos Verdes

Center for Discovery California –  
Sacramento

Center for Discovery California – San  
Diego

Center for Discovery California – Temecula

Center for Discovery California – Thousand  
Oaks

Center for Discovery California – Torrance

Center for Discovery California – Woodland  
Hills

Center for Discovery Connecticut –  
Fairfield

Center for Discovery Connecticut –  
Fairfield/Wellington

Center for Discovery Connecticut –  
Greenwich

Center for Discovery Connecticut –  
Southport

Center for Discovery Florida – Maitland

Center for Discovery California – Lakewood

Center for Discovery California – Los Alamitos

Center for Discovery California – Menlo Park

Center for Discovery Florida –

Monteverde Center for Discovery Florida –  
North Palm Beach

Center for Discovery Florida – Tampa

Center for Discovery Georgia – Atlanta

Center for Discovery Georgia – Dunwoody

Center for Discovery Illinois – Chicago

Center for Discovery Illinois – Des Plaines

Center for Discovery Illinois – Glenview

Center for Discovery Maryland – Columbia

Center for Discovery New Jersey –  
Bridgewater

Center for Discovery New Jersey –  
Paramus

Center for Discovery New York –  
Hamptons

Center for Discovery Oregon – Portland

Center for Discovery Texas – Addison

Center for Discovery Texas – Austin

Center for Discovery Texas – Cypress

Center for Discovery Texas – Houston

Center for Discovery Texas – Plano

Center for Discovery Virginia – Alexandria

Center for Discovery Virginia – Fairfax

Center for Discovery Virginia – McLean

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Center for Discovery Washington – Bellevue  
Center for Discovery Washington – Edmonds  
Center for Discovery Washington – Enumclaw  
Center for Discovery Washington – Tacoma  
Eating Disorders Treatment Center New Mexico – Albuquerque  
Eating Recovery Center California – Sacramento  
Eating Recovery Center Colorado – Denver  
Eating Recovery Center Illinois – Chicago  
Eating Recovery Center Illinois – Oak Brook  
Eating Recovery Center Maryland – Towson  
Eating Recovery Center Ohio – Cincinnati  
Eating Recovery Center Texas – Austin  
Eating Recovery Center Texas – Houston  
Eating Recovery Center Texas – San Antonio  
Eating Recovery Center Texas – Plano  
Eating Recovery Center Texas – The Woodlands  
Eating Recovery Center Washington – Bellevue  
Eden Treatment Center Nevada – Las Vegas  
Evolve Wisconsin – Appleton  
Evolve Wisconsin – DePere  
Evolve Wisconsin – Green Bay  
Evolve Wisconsin – Oshkosh  
Evolve Wisconsin – Stevens Point  
Fairhaven Tennessee – Cordova  
Fairwinds Florida – Clearwater  
Farrington Specialty Counseling Indiana – Fort Wayne  
Focus Treatment Centers Tennessee – Chattanooga  
Focus Treatment Centers Tennessee – Knoxville  
Gaudiani Clinic Colorado – Denver  
Living Hope Eating Disorder Treatment Center Arkansas  
Living Hope Eating Disorder Treatment Center Oklahoma  
Magnolia Creek Alabama – Columbiana  
McCallum Place Kansas – Overland Park  
McCallum Place Missouri – St. Louis  
Montecatini California – Carlsbad  
Monte Nido California – Agora Hills  
Monte Nido California – Malibu  
Monte Nido Illinois – Winfield  
Monte Nido Maryland – Glenwood  
Monte Nido Massachusetts – Boston  
Monte Nido New York – Irvington  
Monte Nido New York – Long Island  
Monte Nido New York – Rochester  
Monte Nido Oregon – Eugene

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Monte Nido Oregon – West Linn

Opal Food & Body Wisdom Washington –  
Seattle

Rosewood Arizona – Wickenburg

Rosewood Arizona – Tempe

Selah House Indiana – Anderson

SunCloud Illinois – Lincoln Park

SunCloud Illinois – Naperville

SunCloud Illinois – Northbrook

The Emily Program Minnesota – Duluth

The Emily Program Minnesota –  
Minneapolis

The Emily Program Minnesota – St. Louis  
Park

The Emily Program Minnesota – St. Paul

The Emily Program Ohio – Cleveland

The Emily Program Ohio – Columbus

The Emily Program Pennsylvania –  
Pittsburgh

The Emily Program Washington – Seattle

The Emily Program Washington – South  
Sound

The Emily Program Washington – Spokane

The Renfrew Center California – Los  
Angeles

The Renfrew Center Florida – Coconut  
Creek

The Renfrew Center Florida – Orlando

The Renfrew Center Florida – West Palm  
Beach

The Renfrew Center Georgia – Atlanta

The Renfrew Center Illinois – Chicago

The Renfrew Center Maryland – Towson

The Renfrew Center Maryland – Bethesda

The Renfrew Center Massachusetts –  
Boston

The Renfrew Center New Jersey – Mount  
Laurel

The Renfrew Center New Jersey – Paramus

The Renfrew Center New York – New York

The Renfrew Center New York – White  
Plains

The Renfrew Center North Carolina –  
Charlotte

The Renfrew Center Pennsylvania –  
Philadelphia

The Renfrew Center Pennsylvania –  
Pittsburgh

The Renfrew Center Pennsylvania – Radnor

The Renfrew Center Tennessee – Nashville

Timberline Knolls Illinois – Lemont

Timberline Knolls Illinois – Orland Park

Veritas Collaborative Georgia – Atlanta

Veritas Collaborative North Carolina –  
Charlotte

Veritas Collaborative North Carolina –  
Durham



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Veritas Collaborative Virginia – Richmond

Walden Behavioral Care Connecticut –

Guildford

Walden Behavioral Care Connecticut –

South Windsor

Walden Behavioral Care Georgia –

Alpharetta

Walden Behavioral Care Georgia –

Dunwoody

Walden Behavioral Care Massachusetts –

Amherst

Walden Behavioral Care Massachusetts –

Braintree

Walden Behavioral Care Massachusetts –

Dedham

Walden Behavioral Care Massachusetts –

Peabody

Walden Behavioral Care Massachusetts –

Waltham

Walden Behavioral Care Massachusetts –

Westborough