REDC
Highest Standards of Care

October 8, 2021

The Honorable Michael Bennet
Senate Committee on Finance
United States Senate
Washington, DC 20510

The Honorable John Cornyn
Senate Committee on Finance
United States Senate
Washington, DC 20510

Submitted electronically to mentalhealth@bennet.senate.gov from Allison Ivie (allison.ivie@centeroadsolutions.com) on behalf of the REDC Consortium

Dear Senator Bennet and Senator Cornyn,

On behalf of the REDC Consortium, we thank you for the opportunity to provide feedback on your white paper release of, "A Bold Vision for America's Well-being" to reimagine and redesign how mental and behavioral health care is delivered in the United States. 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 (PHP), day program, and intensive outpatient treatment (IOP).

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 you review feedback from outside entities, we strongly support efforts to integrate mental health more seamlessly throughout delivery to improve availability, cost management and quality of care. **In turn, urge the legislative package to contain provisions that mandate the coverage of telehealth as a treatment modality for mental and behavioral health services within the Affordable Care Act (ACA) health plans. Further, we urge for payment parity for these services with in-person rates.**

At minimum, we urge Congress to request the HHS Secretary to report on how essential health benefits will be modified to address any such gaps in access or changes in the evidence as notated in 4 (G) (iii) of 42 U.S.C.A. § 18022. This report would document how the expansion of telehealth has increased access to care for individuals with mental and

behavioral health diagnoses, a report that has never been conducted to our knowledge since the passage of the ACA.

Impact of Eating Disorders on Patient Health & the Economy

REDC members, including several member sites in Colorado and Texas, 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 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.[1] Approximately 28.8 million Americans experience a clinically significant eating disorder during their lifetime[2], affecting individuals of all ages, races, genders, ethnicities, socioeconomic backgrounds, body sizes, and sexual orientations.[3] 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.[4] 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.[5] 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.[6, 7]

When families across the nation do not have affordable and comprehensive insurance coverage that includes mental health and substance use disorder treatment at all levels of care and delivery modalities, they are not able to engage in lifesaving treatment. 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

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[1] 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/

[2] Ibid.

[3] 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.

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

[5] 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.

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

[7] 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.

someone without an eating disorder.[8] In turn, eating disorder readmissions amount to $29.3 million in emergency room visits annually and $209.7 million for inpatient hospitalizations annually.[9] Barriers to comprehensive treatment cost the U.S. $64.7 billion each year with individuals and families shouldering $23.5 billion, government shouldering $17.7 billion, and employers shouldering $16.3 billion respectively.[10] We can do better.

Eating Disorders Treatment in Colorado and Texas

Although the REDC Consortium has members across the nation, it is important to underscore the footprint in Colorado and Texas for your respective constituencies. Both states are fortunate to have several eating disorder treatment facilities; however, we will profile just one member for the purposes of this comment.

Eating Recovery Center (ERC) was founded in Colorado in 2008 and expanded to four facilities in the Denver area. Today, ERC offers a full continuum of specialty behavioral healthcare services across the state of Colorado (137 inpatient/residential beds and 118 PHP/IOP slots). ERC currently employs 646 Colorado residents. Similarly in Texas, ERC first opened in 2011 in San Antonio and over the years they have expanded their services (78 inpatient/residential beds/160 PHP/IOP slots) to meet the behavioral health needs of Texans in the cities of Dallas/Fort Worth (two licensed specialty psychiatric hospitals), Houston, and Austin. ERC currently employs 430 Texas residents.

The need for quality, evidenced based behavioral health care is only further amplified during the pandemic. We also telehealth has enabled many individuals and families to access eating disorders treatment from their home via telehealth for the first time.

COVID-19 and Eating Disorders

There have been several news and research articles documenting the rise in eating disorder diagnoses since the onset of the pandemic. An ongoing study from the National Center of Excellence for Eating Disorders[11] found in July 2020, 62 percent of people in the U.S. with anorexia experienced a worsening of symptoms as the pandemic hit, and nearly one-third of Americans with binge eating disorder, which is far more common, reported an increase in episodes.

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[8] 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

[9] 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/.

[10] Ibid.

[11] Termorshuizen, J; Watson, H; Thornton, L; Borg, S; Flatt, R; MacDermod, C; Harper, L; Van Furth, E; Peat, C; & Cynthia M. Bulik. Early Impact of COVID-19 on Individuals with Eating Disorders: A survey of ~1000 Individuals in the United States and the Netherlands. June 8, 2020. https://doi.org/10.1101/2020.05.28.20116301

Hospitals across the nation are reporting the inability to keep up with demand as St. Louis Children's Hospital in Missouri is seeing 8-15 kids per day for behavioral health issues include suicide attempts, eating disorders, anxiety, and psychosis.[12] At C.S. Mott Children's Hospital in Ann Arbor, Michigan administrators found medical admissions among adolescents with eating disorders during the first 12 months of the pandemic more than doubled the mean for the previous 3 years. At Arkansas Children's, the hospital has seen a 150 percent increase in mental health disorder emergency room admissions.[13] Arkansas Children's CEO, Marcy Doderer recently stated "intense inpatient residential treatment for eating disorders is not available in the state of Arkansas. So that's one of the services we're evaluating [to see if] we can bring it back to the state."[14]

Like many other medical providers during this time, it is challenging to keep up with the demand for care. REDC members have seen a 30-100 percent increase in demand for care, with call volumes and inquiries for care doubling, significantly increased acuity in nature of illness individuals present with and wait times expanding from 1 week to 6-8 months in some areas of the country (REDC Member Survey, 2021). Our partner organizations like the National Eating Disorders Association saw a 40 percent increase in call volume the first year of the pandemic. The Alliance for Eating Disorders Awareness saw a 108 percent increase in referrals and an 82 percent increase in support group attendance in 2020 and on pace to surpass those figures in 2021 (J. Kandel, personal communication, May, 2021).

Mental and Behavioral Health Services via Telehealth

The COVID-19 pandemic has drastically changed health care delivery and we commend CMS efforts and Congressional efforts in providing 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 reporting negative mental health effects related to worry and stress from the pandemic.[15] According to FAIR Health, mental health conditions accounted for over 60 percent of the top 5 diagnoses delivered via telehealth in July 2021 versus 45 percent in July 2020.[16, 17]

To protect staff and patients and adhere to social distancing guidelines, our member sites pivoted quickly to telehealth for our PHP and IOP programs. This allowed for our patients in residential

[12] Onge, Kim. (July 15, 2021). Missouri facing pediatric behavioral health crisis; hospitals running out of beds for kids. News 4 St. Louis. Retrieved from https://www.kmov.com/news/missouri-facing-pediatric-behavioral-health-crisis-hospitals-running-out-of-beds-for-kids/article_cf9d6e00-e510-11eb-9df3-b7371bcd1e44.html.
[13] Jensik, Lauren. (September 27, 2021). Arkansas Children's CEO says mental illness-related ED visits have jumped 150% during pandemic. Becker's Hospital Review. Retrieved from https://www.beckershospitalreview.com/hospital-management-administration/arkansas-children-s-ceo-says-mental-illness-related-ed-visits-have-jumped-150-during-pandemic.html
[14] Ibid.
[15] 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/
[16] FAIR Health. Monthly Telehealth Regional Tracker, July 2021, United States Month-to-Month Comparison. Retrieved from https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/july-2021-national-telehealth.pdf
[17] FAIR Health. Monthly Telehealth Regional Tracker, July 2020, United States. Retrieved from https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/july-2020-national-telehealth.pdf

or inpatient 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. It is important to note that telehealth will never replace in-person care, but it will serve as an additional tool in providing specialized, multidisciplinary treatment to those in need. For example, one of our member sites would pair Medicaid patients in-person vital sign check-up with food pantry pick up for those experiencing food insecurity.

The pandemic has given us the opportunity to study the efficacy of providing eating disorders treatment via telehealth with positive results. A recent study compared eating disorder care in a telehealth (virtual) IOP setting vs. IOP in-person setting and found no differences in patient outcomes.[18] The findings included a significant decrease in eating disorders symptoms, depression, and perfectionism and a significant increase in body mass index/weight restoration.[19] 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.[20] 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, increased participation in family-based therapy (FBT), 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.

Codifying Telehealth Within ACA Plans

We urge codifying telehealth as a covered treatment modality within future ACA plan designs for the delivery of mental and behavioral health care services. Additionally, establishing payment parity with in-person services would allow our members to continue utilizing telehealth as a delivery option. For our providers, telehealth delivery is not a cost-savings for our facilities. We are still seeing patients in-person at higher levels of care. Further, some member sites have seen their liability insurance premiums increase as much as 30 percent as they transitioned to telehealth delivery (B. Farrington, personal communication, February 2021). Without establishing payment parity, the continued use of telehealth as a delivery option for our patients will decline.

This idea is not unique as 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

[18] 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.
[19] Ibid.
[20] 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

telehealth.[21] These are 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 back to in-person only or create plan designs that limit telehealth use to specific levels of treatment (i.e., outpatient only). Such coverage restrictions 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.

Payers continually make decisions that present no clinical or public health reasoning for plan designs. These arbitrary decisions continue to be harmful for our patients with commercial insurance. Without the establishment of a foundation of telehealth coverage for mental and behavioral health plans within the commercial market, payers will continue to provide suboptimal coverage. The ACA marketplace is the one arena where meaningful change can occur and set the tone for the broader commercial marketplace.

Conclusion

Access to quality, comprehensive, and affordable care that includes mental and behavioral health care services 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 leadership in exploring ways to improve the health care system to provide the most benefit for individuals, families and loved ones with mental illness.

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 Arizona – Mesa
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
Center for Discovery California – Granite Bay
Center for Discovery California – La Habra
Center for Discovery California – La Jolla
Center for Discovery California – Lakewood
Center for Discovery California – Los Alamitos

[21] 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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Center for Discovery California– Menlo Park

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 – Dade City
Center for Discovery Florida – Maitland
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
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

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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
Monte Nido Oregon – West Linn
Opal Food & Body Wisdom Washington – Seattle
Rosewood Arizona – Wickenburg
Rosewood Arizona – Tempe
Selah House Indiana – Anderson
Selah House Ohio – Cincinnati
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
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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
Veritas Collaborative Virginia – Richmond

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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