

I am the Director of the Western NY Comprehensive Care Center for Eating Disorders (WNYCCCED) and Richard Kreipe, MD is the Medical Director of the Center. The WNYCCCED is comprised of the University of Rochester School of Nursing and Golisano Children's Hospital at Strong Memorial Hospital. The WNYCCCED is one of three CCCED's in the state that are mandated by legislation to ensure that patients with eating disorders and their families have comprehensive, continuous, individualized, and integrated care, receive case/care management and transitional services, and have timely access to care. The CCCED's also are mandated to provide education to professional and lay persons re: eating disorders, offer services related to prevention and early identification and intervention, and to conduct research re: evidence based prevention and treatment approaches.

The other two CCCED's are located in NY City (comprised by NY Presbyterian Hospital, NY State Psychiatric Institute, LI Jewish Hospital - Directed by Evelyn Attia MD) and Albany, NY (comprised by Albany Medical Center and Four Winds Saratoga Hospital - Directed by Sharon Alger, MD). Please know that my comments echo those of my colleagues at the other CCCED's.

I am writing to ask that eating disorders be treated as an "Essential Health Benefit Category" similar to chemical dependency, General Mental Health, and Mental Health Parity categories. I reviewed the attached table outlining the categories and proposed benefits and quickly noticed that "Eating Disorders Centers" were separated out from mental health and chemical dependency despite the fact that ED's are mental illnesses, can co-occur with other mental health comorbidities (e.g., severe anxiety and mood disorders) and substance use disorders and share some features similar to substance use disorders.

I also notice that treatments for other illnesses do not include a phrase re: "subject to medical necessity and provider requirements." Instead, the others, including chemical dependency treatment, are just marked "Yes" under the benefit plans. Am I correct in interpreting that ED's are subject to more restrictions in terms of coverage than other health conditions and considered "non-essential" in this document? I want to be sure I am interpreting things correctly.

Eating disorders have the highest mortality of all mental illnesses, are biologically-based like other major mental illnesses (see attached position paper from Academy for Eating Disorders) and merit timely, comprehensive and continuous care like other mental illnesses and chemical dependency problems. If left untreated, ED's can be costly (similar to treatment costs associated with Schizophrenia and Obsessive-Compulsive Disorder). Inadequate health care benefits for eating disorders create increased costs because patients are not able to seek appropriate services, delay entry to care, and can more frequently end up in acute care settings like emergency rooms and inpatient units. There are also many indirect costs associated with inadequately treated and chronic eating disorders because the individual is often unable to complete school, engage in paid employment, and function as a productive

tax-paying citizen. The person may end up on medicaid, welfare, or disability. Family members and patients also lose time at work due to illness or care giving activities related to the disorder.

Eating Disorders should receive the same level of health care benefits as other mental illnesses and chemical dependency problems. They should not have additional restrictions and terms in comparison to these other disorders. ED's need to receive the same consideration in relation to preventive and treatment benefits as other mental health and substance use disorders.

The NYSCCED leadership find that the proposed health care benefits as outlined in the above table are inadequate. Please let me know if we can be of help in providing any further feedback as you move along in your deliberations. We work closely with many patients, families, providers, schools and other professionals throughout the state who would concur with the above comments. We have worked with the Department of Health Leadership and NY State legislators over the past 7 years to emphasize the needs of patients and families and advocate for equitable and fair health care benefits for patients. Please let us know if we can be helpful as you move along in your deliberations. Thanks for your time and attention to this matter.

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