



Discussion of HB244

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Kentucky Eating Disorder Council

- *Oversee the development and implementation of eating disorder awareness, education and prevention programs
- *Identify strategies for improving access to adequate diagnosis and treatment services
- *Assist the Cabinet for Health and Family Services (CHFS) in identifying eating disorder research projects
- *Work with CHFS, and other appropriate entities, to routinely examine existing surveillance systems, data collection systems, and administrative databases to determine the best strategies for implementing evidence-based eating disorder measures that provide data for program and policy planning purposes



Eating Disorder Facts - Kentucky

In Kentucky there are roughly 900,000 individuals with an eating disorder

Of these 900,000 there are 29,804 children with this life-threatening condition

There are **zero residential programs and only one partial hospitalization program in the state**

Kentucky residents are forced to go out of state to receive needed care above the partial hospitalization or outpatient level

Individuals with Medicaid have few or no options for higher levels of care out state.



The Reality of Eating Disorders

High mortality rate

- Anorexia nervosa has the second highest mortality rate of ANY psychiatric illness

Debilitating

- Average time from diagnosis is 10 years
- Often becomes chronic illness

Costly

- Estimated National Annual Costs: **\$64.7 Billion**
- Treatment costs on average \$20,000 per month
- Not accounting for lost time at work, school, etc.

Treatment

- Only 20% of individuals with an eating disorder receive care
- Treatment from a multidisciplinary team at several levels of care is necessary for full recovery



Body Mass Index

A simple calculation using height and weight

$$\text{BMI} = \frac{\text{Weight in kilogram}}{(\text{Height in meter})^2}$$

- *Does not take into account factors such as skeletal mass or muscle mass
- *Is commonly used as marker for wellness either in obesity medicine or eating disorder medicine
- *Becomes a barrier to evidence based treatments for eating disorders

House Bill 244

Would have health plans cover eating disorder diagnosis

Would not allow health plans to limit coverage based on BMI, ideal body weight, or any other weight based measurement

Promotes using behavioral and therapeutic markers as indicators for coverage

- *eating behaviors
- *need for supervision
- *labs, vital signs
- *co-occurring disorders



Why is this needed?

A person can have a very significant eating disorder with a normal or even elevated BMI

- *bulimia
- *atypical anorexia nervosa
- *males



Considerations

- *Laying groundwork for future treatment options in Kentucky

- *Kentucky Benchmark Plan

 - Cost defrayment?

- *Fiscal Impact Report

 - Conducted 2/7/2025 states “immaterial” (within +/- 0.05% impact on administrative expenses)