The Vital Role of Medicaid in Adolescent Eating Disorder Care

Adolescent Health & Well-Being

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Editor's Note: This post is part of a series exploring the role Medicaid plays in the health of children, families and communities. Our experts will examine the data, share timely research, and outline policy details related to the importance of the program for different populations. ***Click here*** *to explore more posts in the series.*



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Eating disorders are among the most deadly and prevalent psychiatric diagnoses, with anorexia nervosa carrying the second highest mortality rate of all mental health diagnoses, second only to opioid use disorder. Eating disorders emerge at the intersection of mental and physical health—often beginning in adolescence during a critical window of physical, emotional and social development. Eating disorders are widely prevalent, affecting roughly one in five people worldwide before early adulthood. Despite widespread misconceptions, eating disorders affect youth from all backgrounds, identities, and socioeconomic circumstances. However, effective treatments are available.

Medicaid is important for youth with eating disorders in that it enables access to primary care, where symptoms might be identified, and to treatment and follow-up care that supports recovery. Proposed cuts to Medicaid would dramatically undermine the nation's ability to care for this vulnerable population, especially in the midst of an adolescent mental health crisis.

Eating disorder care is complex

Adolescents with eating disorders require sustained, multidisciplinary treatment involving medical monitoring, nutritional support and specialized psychotherapy. Therefore, many families find accessing care for eating disorders costly and difficult and adequate health insurance critical.

One in four individuals with an eating disorder may experience a chronic trajectory—meaning that they will need long-term care such as residential treatment, partial hospitalization or intensive outpatient care. Medicaid is designed, especially for children, to provide medically necessary treatment for the child without limitations on usage. This is particularly important for children with eating disorders in receiving the care that they need, but also in encouraging families to seek care early.

Medicaid supports access to eating disorder care

Medicaid, as well as the Children's Health Insurance Program, another federally-funded insurance program, is a lifeline for families navigating complex conditions such as eating disorders. However, families already face barriers to access such as a limited provider network to serve this group with the gold-standard treatment.

As research suggests, eating disorders can impact anyone. Research increasingly shows that youth from food-insecure households and communities of color are more likely to go undiagnosed and untreated. Investigation of claims data suggests that youth who receive eating disorder care via Medicaid are more ethnically diverse than those with private insurance, indicating that Medicaid may increase access to eating disorder care for some populations, including Latinx youth.

Family-based treatment is the gold-standard approach for eating disorders in youth and is as effective as treatments for anxiety and depression. Though relatively few family-based treatment providers are contracted with Medicaid, they provide critical access to eating disorder care for many youth.

Outside of family-based treatment, other evidence-based treatments that Medicaid supports include enhanced cognitive behavioral therapy and dialectical behavior therapy. Importantly, Medicaid doesn't just provide access to health care for youth with eating disorders—it enables early intervention by allowing families to overcome coverage/payment/cost concerns, which are the most frequently-cited barrier to accessing care. When families can act quickly after early signs emerge, the chance of full recovery increases dramatically. Evidence suggests that those who receive early intervention for eating disorder symptoms are over three times *less likely* to still have symptoms 20 years later. Medicaid is one of the few programs equipped to help address these disparities—early and holistically.

What cuts to Medicaid mean for youth with eating disorders and their families

Implications of recent proposals to cut Medicaid leave us worrying that adolescents may delay or forgo critically important care and/or may not receive the on-going support that they may require. This will staggeringly undermine the known value in accessing intervention as early as possible and maximizing the likelihood of full recovery. Further limitations placed on the eating disorder care landscape through cuts to Medicaid could render even more youth unable to access life-saving care.

We should be talking about opportunities to expand and improve Medicaid to better support children with eating disorders. As discussed in a recent blog series, expanding Medicaid reimbursement for evidence-based eating disorder treatments like family-based treatment, and increasing provider incentives to accept Medicaid, especially in underserved areas, would continue to improve outcomes for patients with eating disorders.

Eating disorders are treatable illnesses when care is timely, sustained and accessible. Medicaid is the cornerstone of that care for millions of American youth. Now is the time to protect and strengthen it—not roll it back.

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