

RESOLUTION

Subject: Eating Disorders and Weight Stigma in Kentucky
Submitted by: Zubi Suleman, MD, DFAPA, Hannah Fitterman-Harris PhD, and Cheri A. Levinson, PhD
Referred to: Reference Committee

.....

WHEREAS, 2020 Senate Bill (SB) 82, sponsored by Senator Julie Raque Adams, was signed into law by Governor Andy Beshear on March 27, 2020, and established the Kentucky Eating Disorder Council; and

WHEREAS, SB82 was the first eating disorder focused legislation in Kentucky whose mission is to improve access to quality, affordable care for all who need this life saving treatment¹; and

WHEREAS, estimates state that approximately nine percent of Kentuckians – 393,345 people – will have an eating disorder in their lifetime; and

WHEREAS, statistics show that 10,200 deaths occur each year in the United States that are the direct result of an eating disorder – equaling one death every fifty-two minutes²; and

WHEREAS, approximately twenty-six percent of people with an eating disorder attempts suicide²; and

WHEREAS, eating disorders are among the deadliest mental illnesses, second only to opioid overdose²; and

WHEREAS, there are limited treatment options in Kentucky due to inconsistent insurance coverage for both inpatient and outpatient services; and

WHEREAS, our society, including the healthcare community, lacks adequate knowledge regarding eating disorders and weight stigma; and

WHEREAS, medical professionals are one of the most likely sources of weight stigma³; which leads to suicide and eating disorders; and

WHEREAS, the American Medical Association acknowledges the dangers of overreliance on body mass index (BMI)⁵; and

WHEREAS, less than 6% of individuals with eating disorders are medically underweight (i.e., 94% are normal or overweight)⁴; and

WHEREAS, recent research indicates that less than 50 percent of healthcare providers are assessing for eating disorders, thereby requiring greater awareness and education of eating disorders by all medical professionals; and

WHEREAS, the American Medical Association supports the coverage of eating disorder treatment in all clinically appropriate circumstances; and

WHEREAS, the American Medical Association supports the removal of insurance-related barriers for eating disorders, including prior authorization, mandatory consultation, rehabilitation, criteria for hospital admission or discharge, and other barriers that are not clinically relevant⁵; now, therefore, be it

RESOLVED, that KMA support efforts to educate relevant healthcare professionals and the public regarding the frequency and severity of eating disorders and weight stigma; and be it further

RESOLVED, that KMA supports evidence-based treatment for eating disorders and the removal of insurance related barriers designed to deny or restrict that treatment.

References:

- 1 <https://www.nationaleatingdisorders.org/>
- 2 <https://www.hsph.harvard.edu/>
- 3 Puhl, R. M., & Brownell, K. D. (2006). Confronting and coping with weight stigma: An investigation of overweight and obese adults. *Obesity* 14(10),1802-1815. <https://doi.org/10.1038/oby.2006.208>
- 4 Flament, M. F., Henderson, K., Buchholz, A., Obeid, N., Nguyen, H. N. T., Birmingham, M., & Goldfield, G. (2015). Weight status and DSM-5 diagnoses of eating disorders in adolescents from the community. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(5), 403-411. <http://dx.doi.org/10.1016/j.jaac.2015.01.020>
- 5 <https://www.ama-assn.org/>