

Hello, I am Katie. It is an honor to be here. Thank you for being here today and for your interest in the FREED Act. I wish that I could say that my struggle with my insurance company was an anomaly in how eating disorders are covered by insurance companies. Unfortunately, it saddens me to say that my story is all too common.

I have struggled with an eating disorder for most of my life. During my 20's I went through some extremely difficult times. Just when things would start to seem okay, another traumatic event would occur. I clung to my eating disorder because it was my coping mechanism in a world that I found increasingly chaotic and heartbreaking. In part, it was my way of controlling how much pain I felt. Nobody else could hurt me as much as I was already hurting myself.

I was restricting my food intake severely and exercising compulsively. My health was rapidly declining. I was experiencing a racing heart, blacking out, migraines, constant dizziness and extreme fatigue. My blood sugar was extremely low and my liver was showing signs of starvation. My health was so compromised that my cardiologist threatened to take away my driver's license. The risk of passing out while I was driving was too great.

It was at this time, 2 years ago that my treatment team determined that I needed to be hospitalized. After a few weeks in the hospital I achieved some weight restoration and was medically stable. My team, arguably one of the best in the world, with three of my providers also teaching and researching eating disorders at the University of Minnesota, recommended that I transition from the hospital to residential eating disorder treatment to fully address my eating disorder. My insurance company, however, disagreed- going against my team's expertise, and

denied my request, claiming that I was not sick enough according to their guidelines. They had never met me, nor did they know my history, and yet they determined that intensive day treatment would be sufficient. It was not.

From the hospital I was discharged into the intensive day treatment program.

Meanwhile my team continued to work on getting me into residential care. They made numerous calls to my insurance company on my behalf, receiving confusing and contradictory information about what was required and what they needed to do next. While this was happening, my eating disorder symptoms were increasing. I was skipping meals and exercising every chance I got. My anxiety and depression were increasing because of the effect that malnourishment has on the brain. I was losing the weight that I had worked so hard to restore while I was in the hospital.

Meanwhile, in November 2009, in a letter sent by my insurance company, my request for residential treatment was denied. They said I was “doing quite well in an outpatient program” and that there were “no acute risk factors” present, even though I had just been hospitalized! My treatment team and I appealed this decision through my insurance company’s internal appeal process. My doctor participated in the insurance review, updating the insurance company’s doctor on my case. The insurance doctor agreed that I met the criteria and should be in residential care, but predicted that the insurance company would deny the request. And they did. I was discharged from day treatment in December 2009.

In January 2010, my insurance changed to a new company. My husband and I were very hopeful that things would be different. We purchased the highest amount of coverage possible so that I could get the treatment I needed. We even

received a post card in the mail detailing how much more comprehensive the mental health coverage was going to be. I cried when I read it. I felt like so much less of a burden. Finally I could get help without the worry of bankrupting my family in the back of my mind. Keep in mind that my husband's company isn't just a small business, with minimal insurance coverage, and my insurance company isn't a small one, only affecting a few people. My husband's company is a very large, American corporation employing close to 300,000 people worldwide, and my insurance company is one of the biggest in the nation. They are wide reaching. In fact, my insurance company insures 1 in 6 Americans. Odds are pretty good that many of us in this room have this insurance company in common.

My treatment team and I were optimistic, thinking that we would get the authorization for the life-saving care that I had been waiting 6 months for. We thought that certainly our request for care would be taken seriously this time. Unfortunately, it was just more of the same. I was approved to be in the intensive day program. My treatment team began one appeal after another and they were repeatedly denied. One of my favorite reasons for being denied residential care was that I was not "actively psychotic or homicidal"!! These are not reasons one would seek residential eating disorder care!

I sat in the intensive day program for 8 hours a day, 5 days a week waiting to hear something from my insurance company. Every time the door to the therapy room opened I grew anxious wondering if I was going to hear good news, that insurance had finally agreed to pay for my care, or the news I feared, that insurance had stopped paying for even the intensive day program, and I would be left on my

own without the care and support that I so desperately needed. It was an emotional roller coaster. We exhausted all appeals and eventually the severity of my situation led us to decide that I would go into residential treatment, despite the fact that insurance wasn't going to cover it. My health and weight were no longer stable and we were running out of time. With the repeated denials of residential care, I started thinking that maybe I didn't really need help. Maybe I wasn't really that sick. Maybe the insurance company was right. Thankfully, I got a reality check from my team and my husband every day telling me the truth about my situation- that if I didn't fight this I would die. Because of the arrhythmia caused by my eating disorder, I would go to bed at night terrified that my heart would stop and I wouldn't wake up, leaving my daughter, just a toddler, to grow up without a mother. Other times my thoughts were so convoluted by my eating disorder that I wondered if this misery was a life worth living. This was so hard because I knew that I could not just end my life, thereby ending the battle in my head. I had a daughter to think about and there was no way I could leave her motherless. I did not want to die, but at the same time living with and fighting my eating disorder, and eventually my insurance company, was taking a toll on my body and my spirit. But then, and now, I know that my daughter was and is worth the fight against my eating disorder and ultimately my insurance company.

It was at this time that I enlisted the help of an attorney, Elizabeth Wrobel, to fight against my insurance company. We determined that after I was done with treatment we would have to sue my insurance company, and my husband's employer, to have my stay in residential treatment covered. This was an extremely stressful time for me and my husband. I was terrified that my husband

would lose his job because of the fact that I was seeking care for my illness, care that we had available according to my insurance policy. People with eating disorders don't typically like to rock the boat, and suing my husband's employer was definitely rocking the boat.

I went into residential treatment without my insurance company making my treatment decisions for me. My team was in charge of my care and decided when I was well enough to be discharged. Not having the insurance company involved in deciding what went on with my care was the best thing that could have happened for me while I was there. I stayed in residential treatment for 4 months. Contrary to what insurance companies seem to think, this was no spa vacation. It was really tough work. I had to face a lot of fears, like eating, and living without my coping mechanism. This time was crucial for me in my recovery. I would not be where I am today without the care I received. It was not easy to leave my daughter, a toddler, and my husband at home. It really helped though, knowing that my husband is an amazing father, and my daughter was in excellent hands. This time away made me realize how unfair and sad it would be for my daughter to have to grow up without her mom. That thought motivated me every day to fight. My daughter was my inspiration when things got tough. I don't want her life to include my eating disorder. I fight this illness every day. Some days are harder than others but I can say that because of the care I received in residential treatment, I know that a full recovery is possible for me.

Being forced to sue for coverage that I had available and that we had been paying for for all these years, was incomprehensible to me and made me want to fight that much harder to advocate for myself and everyone else in my situation. It

was not a decision that I made lightly. For me, it wasn't easy to go through a lawsuit, but I would do it again in a second if I had to. We have reached a settlement agreement of which the terms are confidential, but I can tell you this much, I am very pleased with the outcome and I definitely feel like I've won! We have run out of time for simply rocking the boat to be enough. In order to effect real change, it is time we capsize the boat. The FREED Act will be a major step in doing so. Thank you so much for your time and consideration of this bill.