When Insurance Cuts Eating Disorder Care Too Soon

“There was a 15-year-old young girl who was in a really good treatment facility, getting the help that she needed. Insurance cut out. Her insurance company said to her mama, ‘She's fine to go home. She doesn't need to be there anymore.’ So she took her home, and she died in her sleep that night.” – ***Lisa Kantor***

In the United States, as many as 30 million people are affected by eating disorders, including many children and adolescents, according to Johns Hopkins Medicine. Eating disorders are serious mental health conditions that affect both mental and physical health.

How well does our corporate healthcare system respond to illnesses as complex as eating disorders? What happens when an insurance company decides treatment is costing too much, and pressures a patient to go home? Can your insurer really cut off coverage? And what if that decision turns out to be not just wrong, but catastrophic?

Welcome to **Code WACK!,** where we break down how our healthcare system really works, what it means for you, and how we can make it better for everyone. I'm your host, Brenda Gazzar.

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For more than two decades, attorney Lisa Kantor has represented patients whose health insurance claims were wrongfully denied. As a founding partner of Kantor and Kantor LLP, much of her work has focused on helping people with eating disorders obtain the treatment coverage their insurance companies have refused.

One family's case changed the course of her career early on.

Their daughter had just returned home after her first semester of college when she told her parents she thought she had an eating disorder. They turned to her insurer, Kaiser Permanente, but quickly discovered they couldn't get the specialized care she needed.

Kantor: "They refused to give her a physical because she had just had one from college. Kaiser really didn't have anything to offer her. They did not have anyone who specialized in eating disorders. They tried to put her with an outpatient therapist, and that was taking too much time. They said they had group therapy, but she would go and she would be the only one in the group, which sort of defeats the point of group therapy. They had no residential treatment. They had no hospitalization, and this is a typical problem I encounter with Kaiser. And in fact, in California, there's been a lot of investigation by our Department of Managed Healthcare against them because they don't have the mental health facilities they should have."

Kaiser maintained it was providing appropriate care, but such delays can be dangerous.

So the parents ended up taking a loan on their house to send their daughter to treatment. She did well and was able to return to school.

That's when they found Lisa Kantor.

Kantor: "I thought, well, this doesn't seem right, so I filed the case for them and actually lost at the district court level, and I thought, 'well, this still doesn't seem right,' so I took it up to the Ninth Circuit Court of Appeals, and I've done a lot of appellate work in my life and my career, but this was unique, because I got up there in front of this, you know, very austere panel, and the first question they asked me was, 'How is she?' It was like a personal inquiry, and I was so excited that they were caring enough to know what was

going on, and I explained the case to them, and they were just really incensed by what had happened, ended up reversing it and ordering my client to get all the money that they had spent, her parents had spent on her treatment."

So what does the law actually say about this?

Kantor: The law says that if your insurance company does not have what we call the in-network resources, the people on their panel who can treat you, *then they must find someone outside of the panel and negotiate and pay for that.* Now insurance companies obviously do not want to do that, and they will push and push and push and say 'we have someone' …until you really challenge them, and then they have to admit they didn't.

After the first eating disorder case came to her, Lisa realized that nobody was really helping in this space and recognized a great need in helping people get better coverage.

She soon learned that the problems this young woman faced were not dissimilar from those with other private or commercial insurance plans.

Kantor: "We see similar problems. They don't have in-network outpatient therapists who really know about eating disorders. They contract with certain facilities perhaps but they may not be local, or they may be filled up. There's just not enough of the treatment available.

And then, of course, the ultimate problem is insurance companies just don't think that this disease is real sometimes. They buy into the stigma of it, you know. We get a lot of, 'why don't you just tell her to eat?' and then if they do agree to treatment, it's usually very short. They have this concept that we can just sort of snap our fingers in a couple of weeks, and the symptoms will go away, which those in the practice know isn't true."

Over the years, Lisa has represented hundreds of people with eating disorders, but not every case has had a happy ending.

Kantor: Unfortunately, I've lost my fair share of them unnecessarily I believe because a lot of them probably could have gotten better with the proper treatment."

She remembers one 15-year-old girl who was making progress at a residential treatment facility when her insurance company decided she no longer needed that level of care.

Kantor: This was her first treatment, so they were, you know, her mom was not completely, She hadn't completely experienced the whole cycle yet, and this is part of what happens here. Her insurance company said to her, 'She's fine to go home. She doesn't need to be there anymore.'"

And not every patient gets a second chance.

Kantor: So she took her home, and she died in her sleep that night.

Lisa believes that had the teenager remained in the highly monitored treatment program, she might still be alive today.

Kantor: This is a very big threat with young girls with bulimia because bulimia, although a lot of bulimic girls do not show up as incredibly thin and malnourished, the act of purging is very hard on the heart, and a lot of people don't think about the cardiac implications, and girls die in their sleep and this girl had been in her disease maybe six months, but it was that damaging. And because she didn't have the monitoring, she fell asleep and never woke up. And it haunts me to this day.

Lisa says that case wasn't an isolated tragedy.

Kantor: I'm sure there's so many women out there like that that I don't even know about, and so I think you know in my little corner of the world I probably know six or seven or eight stories like that. But imagine if you go out in the country or the world, how many there are. It's just devastating.

She's encountered several others in which insurance companies ended coverage before patients were truly ready to leave treatment.

Kantor: I can say that in almost every case that comes to me, the patient has been in and out of treatment a couple of times, and has gotten worse. And it's because there's been denials, and the family at the beginning has thought, 'Okay, the insurance company says she's fine,' and then they didn't understand, the insurance company is not really giving you medical advice. You need to listen to the providers, but this revolving door has started, and then they come to me, and I'm like, 'Well, we got to stop this. We need to get into treatment long enough. We need to get the resources to stay, so we don't have this keep happening to your child.'

So it's more when they come to me telling me these anecdotal stories, almost all of them have the same one. We tried outpatient, then we went to day treatment, then we went to residential. She got kicked out after four weeks. We came home, we tried outpatient again. We went back to residential. She got kicked out after four weeks. Now it's six months later, and I think she needs to go to the hospital.

So a lot of those people come to me, and I see what has happened in the past. As I said before, insurance companies will kick them out based on objective criteria that really don't make any sense, like weight. But one of the providers once explained to me in this way, and I've tried to use this in court.

Imagine that your child or your loved one is standing on a cliff right at the edge, you know. You don't want to take them out of treatment until they're 10 feet back at least. They're not even thinking about that cliff anymore. You know they're looking the other direction, but unfortunately, a lot of these insurance denials-they're still on the edge of the cliff. They're kind of like we don't know which way they're going to go, they don't have the resources, and neither does the family to go home and get better.

Recovery from an eating disorder is rarely a straight line. For many patients, it takes years and multiple rounds of treatment.

Kantor: It can take many years of treatment, and I like to say that judges and the public should look at eating disorders the way we look at cancer. Eating disorders

are insidious diseases. You can go to treatment and get enough treatment and maybe stay healthy for a while, but you always have to worry about relapsing. You always have to worry about another occurrence. And whereas for people with cancer, we all say, 'Oh, of course, oh that's so sad. The cancer metastasized. She's got cancer again.' But with eating disorders, we need to think of it the same way. It's nobody's fault. These diseases come back. They rear their ugly head, and they come back, and you have to treat it again.

One of the frustrating things that we find is that insurance companies will pay for treatment until, for example, a certain weight. They'll say, "Oh, you know, you're anorexic, and so you've reached 70-5% of your ideal body weight. Go home and do the rest by yourself. We would never say to a cancer patient, "We've gotten 75% of your margins. You know, go home and heal yourself. But we say it to eating disorder patients, and in part that contributes to the fact that people cycle in and out of treatment because we don't let them stay long enough, young enough, so that we can try to avoid those relapses or metastases of the disease.

According to the American Psychiatric Association, eating disorders are complex psychiatric illnesses—not simply issues of food or body image. They can have serious medical consequences affecting every organ system in the body and, if left untreated, can become life-threatening.

Kantor: Eating disorders tend to hit women disproportionately. Women who tend to be Type A personalities, really driven, really smart, really could change the world. And I hate to see them stopped in their tracks by a disease that we can fix it. We can. We just need to do it.

Another challenge, Lisa says, is finding attorneys willing to take on health insurance companies.

Kantor: The problem is that most lawyers won't handle health Insurance cases-they're really difficult. Frankly, it's really hard to make money as a lawyer, and unless you have a patient or a family like I had who put the money out and are looking for it back, it's a really difficult thing to litigate. Mostly because these

patients-they need help right away, so it's very hard to get into court and get relief unless you have that money that you can spend and come back and try to get it back.

For many families, paying out of pocket while pursuing reimbursement simply isn't an option.

That was Lisa Kantor, founding partner of the Los Angeles-based law firm, Kantor and Kantor.

Join us next time as we continue our conversation with Lisa Kantor about how insurance companies deny coverage for serious medical conditions and what patients and families can do to fight back.

If you've enjoyed this Code WACK! episode, subscribe, leave a review, and share it with a friend.

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I'm Brenda Gazzar. Thanks for listening, and until next time, stay healthy.