FEAST Act

Feeding and Eating Disorder Accessibility Support and Treatment

Assessment: Eating disorders are mental health diagnoses with the highest mortality rate second only to opioid use disorder. It is estimated that 589,000 Hoosiers will suffer from an eating disorder in their lifetime, yet less than 40% will receive support or treatment. The yearly economic impact of eating disorders in Indiana is $1.3 billion.

Access to eating disorder care in Indiana is severely limited. The lack of specialty care providers and treatment facilities especially in rural areas is overshadowed by the financial barriers. The lack of affordable care available through Indiana Medicaid programs compounded by commercial insurance plans that will not cover comprehensive care for an entire eating disorder treatment team create a gaps in care that are detrimental to Hoosier health

Diagnosis: Inadequate access to eating disorder treatment services related to insufficient insurance coverage in Indiana as evidenced by delayed treatment initiation, increased rates of untreated eating disorders, the need for out-of-state referrals, and worsening physical and mental health outcomes among affected individuals.

Intervention

- [x] ~~Draft legislation~~
- [x] ~~Secure bill author~~
- [ ] Collect stories
- [ ] Educate lawmakers

Monitoring

- Collect 500 signatures of support
- Gather 20 stories
- Meet with 75 people at Day at the Statehouse

Evaluation

- Bill number
- Chamber votes
- Amendments
- Signing date

Call to action

1 minute: Pledge your support

3 minutes: Send to this your network

5-10 minutes: Complete story form

5-10 minutes: Contact your legislator

Bill Details

Summary

Mandate insurance companies, Medicaid, and managed care organizations contracted to administer Medicaid benefits cover feeding and eating disorders. Prohibit denial or restricted coverage based on body weight measurements. Include coverage for medical services, psychological/mental health therapies, pharmaceutical care, and nutritional counseling by licensed professionals in the outpatient setting, along with coverage for bundled and comprehensive services at all treatment levels of care.

Priorities

- Diagnoses (Feeding and Eating disorders):
  - Include all feeding and eating disorders listed in the most current edition of DSM
  - Prohibit use of body mass index, ideal body weight, or achieved weight as indicators to deny or limit coverage
- Insurance Plan details (Accessibility):
  - Direct FSSA to cover comprehensive care for feeding and eating disorder diagnoses and require that managed care organizations contracted to provide MCD benefits, along with state medical assistance programs comply
  - Direct FSSA to create a pathway for RDNs to become IHCP providers who can render services, bill, and obtain reimbursement for nutritional counseling
  - Prohibit commercial/private payers from excluding mental health or eating disorders diagnoses as part of their coverage
  - Require plans provide equivalent coverage for higher level of care out of state when lack of accessible care is available in state
  - Reimburse telehealth payment at same rate at as in person
- Products and Services (Support and Treatment):
  - Include insurance coverage for treatment team members and services including prescribing providers and medical services, psychological/mental health/behavioral care provided by licensed practitioners, pharmaceutical interventions, nutritional counseling provided by a licensed dietitian and services provided at all levels of care, and that this coverage should be in all settings
  - Prohibit limits or exclusions on nutrition counseling that are more restrictive than those applied to comparable behavioral health services
  - Require insurance coverage for liquid nutrition products/formulas needed for sole source nutrition and/or supplemental nutrition as part of treatment plan when ordered by a physician licensed to practice medicine in Indiana or ordered by a licensed dietitian per IC 25-14.5-1-10

Call to Action

Step	Action	Time
1	Sign the FEAST Act Pledge: Information on the pledge may be used to show constituent support in specific legislative districts. Information will NOT be shared with 3rd parties or used for any purposes not related to the FEAST Act.	1 min
2	Share with your networks: ● Send this entire handout and/or craft your own message ● Consider using all available platforms, including socials, email lists, Substack or newsletters, professional colleagues and organizations, personal acquaintances	3+ min
3	Write your story or Craft your message: ● Story telling is a powerful tool for advocacy and up to 22 times more memorable than facts alone ● Format: ○ Who are you and why are you reaching out ○ What happened or what's your story ○ Why it matters ○ What needs to change ○ What you want the reader or legislator to do	10+ min
4	Complete the Story Form to share you message ● Select anonymous or provide your name ● Consent to use your story in specific settings	5+ min
5	Contact your legislator: ● Find your legislator: https://iga.in.gov/information/find-legislators ● Request they join Senator Yoder (s40@iga.in.gov) as author and/or in support of the FEAST Act	5+ min

Sample Message:

My name is Erin Hurst. I'm a registered dietitian specializing in eating disorder care with an insurance-based private practice in northern Indiana. Eating disorders are the deadliest mental health diagnoses second only to opioid use disorder. I have seen first hand how difficult is can be for individuals and families to access appropriate eating disorder care, even when someone is medically vulnerable and at risk of death.

Eating disorder treatment requires a multidisciplinary approach including medical care, nutrition counseling, and mental health support. When one or more of these services is disrupted or not available, then risks of relapse, adverse medical events, and even death are inevitable. Many commercial insurance plans classify nutrition counseling as part of medical treatment and either limit or do not cover nutrition counseling for mental health diagnoses like eating disorders.

This was the case for my patient who lives with avoidant restrictive food intake disorder. At the time this patient was also working as a registered nurse at a large hospital system in central Indiana. They started a new job in late 2025. When they needed more support for their eating disorder in early January 2026 they discovered their plan only covered three (3) visits per year for nutrition counseling. Due to financial strain they decreased the frequency of several outpatient service visits and ultimately decompensated to a point in that required inpatient medical stabilization and a temporary feeding tube.

There are many stories like this. Unfortunately patients and families have to make impossible decisions about whether to pay for services out of pocket, make housing payments, get groceries, or keep the lights on.

Enacting legislation requiring insurance coverage for eating disorder care that guarantees nutrition counseling by a dietitian licensed in Indiana that is equivalent to those applied to comparable behavioral health services is just one way to reduce financial strain, increase access to appropriate care, improve patient outcomes and quality of life, and ultimately reduce healthcare costs by preventing emergent or adverse medical events.

The FEAST Act is a joint effort between the Indiana Academy of Nutrition and Dietetics (IAND) and the Eating Disorder Task Force of Indiana (EDTFI). Collaboration and support from other professional groups is welcome. Please contact erin@erinhurstwellness.com for further information.