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# Cato Hack Says Insurers Shouldn't Have to Pay for Anorexia Treatment

By [Lindsay Beyerstein](#)

*The New York Times'* Room For Debate section asks: [Should Insurers Pay for Eating Disorders?](#) The question was prompted a recent California court decision that health insurers must cover residential treatment for anorexia.

In a post called, "Higher Premiums for Everyone," [Michael D. Tanner](#) of the right wing, Koch-backed, Cato Institute ups the ante. His argument seems to be that insurers shouldn't have to fund inpatient anorexia treatment because they shouldn't have to fund any mental health care at all:

No one should deny that for those suffering from serious mental illness, the pain is as real as from physical injury or disease. But to mandate that insurers provide coverage for residential treatment for such conditions could create far more problems than it solves.

Mental health disorders differ from other types of illnesses in that they are often hard to diagnose, there are less rigid standards for treatment, and no definitive way to prove that a person has been cured. Recall that Woody Allen famously underwent psychoanalysis for 33 years.

While the California court ruling ostensibly only deals with certain serious conditions and residential treatment, it opens a slippery slope that has no natural limit. As E. Fuller Torrey, a psychiatrist and author of "Surviving Schizophrenia" wrote, "When you start talking about mental disorders, that really is a black hole... If you start making it possible to define unhappiness as a medical problem ... you could bankrupt the system."

Did you see what Tanner did, there? He's arguing that insurers shouldn't have to cover residential treatment for anorexia because anorexia is a mental illness, and mental illnesses should be considered too nebulous to be insurable. Take a second to consider what a radical idea that is.

He's writing as if the last sixty years of biological psychiatry and brain science never happened. Major mental illnesses aren't just "unhappiness," they are brain disorders. Acute anorexia nervosa is a brain disorder compounded by starvation. The effects can be measured throughout the body. This is not a nebulous problem in living, it is a potentially life threatening disease.

Tanner's suggesting we kick psychiatry out of medicine but not because psychiatry is wrong. He wants it out because the poor beleaguered for-profit health insurers can't afford to cover the whole array of complicated, long-term illnesses that actually afflict their customers.

Why stop there? As long as we're redlining psychiatry, why not be consistent and kick neurology out, too? Brains are complicated and expensive to maintain. How do you expect insurers to make a profit when they have to pay brain surgeon rates?

He's right about the higher premiums part. If insurers have to cover residential treatment for anorexia, your premiums will go up. With private health insurance, your premiums keep rising whether you get more coverage or not. (It's like my dad's friend used to say, "They told me if I voted for Goldwater, there'd be a war. I voted for Goldwater, and there was a war.")

As long as we're discussing radical proposals, let me suggest a better idea. Let's kick private insurers out of health insurance.

Private for-profit health insurance is a conflict of interest. Insurers always want to charge more and pay for less care. The Canadian single-payer health insurance system covers residential treatment for eating disorders and other major psychiatric illnesses and it does much better at containing costs than the U.S. health care system.