

## Testimony

Hi, my name is Pamela Cody and I'm in support of SB24-117 and I'm in recovery from an eating disorder that I've struggled with for over a decade.

On May 5th of 2017, I re-admitted to an adult unit at a treatment center that I had previously been to. After arriving to this treatment center, I was given a letter from my treatment team stating that I would be receiving room-based care. There were no medical necessity criteria met for this decision, and my insurance company was not notified of this, which meant my care could be billed at a higher rate because they were paying for care that I wasn't receiving. There was no rationale given other than a letter provided to me stating, that I needed to practice and demonstrate self-regulation skills before being potentially integrated into the community of other patients. I was only allowed to leave my room to go to the bathroom and get medication from the nursing station. My meals were dropped off to my room with no further support from staff. I discharged prematurely after a week of solitary confinement because I still wasn't receiving weekly therapy sessions, allowed to attend groups and meals with other patients, or fresh air- breaks. My mental health was in a far worse condition than it had been prior to admitting to the treatment center, which led to another relapse into my eating disorder, and I'm still processing the trauma that was acquired from treatment centers to this day. When you discharge prematurely, that often can be used as a reason for you to not be readmitted to facilities as a later date, and insurance companies may withhold coverage for additional treatment if you are listed as leaving prematurely and against medical advice. This further punishes someone who, for understandable reasons, may attempt to leave a facility where they are receiving inadequate care. The power lies in the providers to deem the appropriateness of a discharge, and there are no formal criteria that gauges the valid nature of some departures. In addition to this experience:

1. There were efforts to do additional psychiatric testing for more mental health disorders that I didn't meet criteria for but were based off not wanting to take accountability by way of a shaming approach. My insurance denied covering such tests without substantial rationale that couldn't be provided.

2. Deemed a chronic case when not responsive to treatment and encouraged to stop outpatient therapy.
3. Was harmed by provider who committed ethical violations against me and no recourse to speak to this or report this to a licensing body.
4. Was threatened for speaking up on google reviews through a cease and desist, which further shows lack of recourse for patients harmed.
5. Was terminated suddenly by OP psychiatrist due to “conflict of interest” after taking appropriate recourse to DORA against that individual’s boss and colleague.
6. Again, no recourse of accountability.
7. Continue to experience impact of harm and traumatic nature of those facilities in leading to sense that people/providers can’t be trusted, will punish, will withhold care if you are struggling and are honest about it, etc.

Unfortunately, my story isn’t unique and similar stories will be heard today which displays that negligence is common practice within eating disorder treatment centers.