November 29, 2022

Dear Chairwoman Murray, Chairman Tester, Ranking Member Blunt, Ranking Member Shelby, Chairwoman DeLauro, Chairwoman McCollum, Ranking Member Cole, and Ranking Member Calvert:

On behalf of the 75 following national, state, and local organizations and providers in the mental health and substance use disorder fields, we thank you for the inclusion of these life-saving eating disorders-related requests in the Fiscal Year 2023 (FY23) Labor, Health and Human Services, Education and Related Agencies (LHHS) Subcommittee and Defense Subcommittee reports and explanatory statements. We respectfully request your continued support for the inclusion of these requests in the end of year FY23 omnibus.

Eating disorders are often overlooked as a serious mental health condition that affects approximately 30 million Americans, and eating disorder prevention, screening, and treatment continues to go under-resourced.\(^1\) Every 52 minutes an individual loses their life as a direct result of an eating disorder, resulting in over 10,000 deaths annually.\(^2\) The COVID-19 pandemic has only exacerbated the need for increased mental health services and supports. Eating disorder diagnoses have increased 25% and eating disorder


\(^2\) Ibid.
admissions have doubled for adolescent girls ages 12 to 18 since the onset of the pandemic. For both youth and active-duty populations, we have seen increased needs for eating disorders treatment. The following requests have the potential to make profound impacts on the lives of those with eating disorders.

**Subcommittee on Labor, Health and Human Services, Education and Related Agencies**

**Health Resources and Services Administration (HRSA)**

We respectfully request that you continue to provide strong funding for the Primary Care Training and Enhancement programs at HRSA, including a $1,000,000 set aside to train primary care health professionals to screen, briefly intervene, and refer patients to treatment for eating disorders. This request was included in both the House and Senate’s FY23 LHHS reports, and we request that it remains in any end of year package.

As we know, the Subcommittees are acutely aware of the behavioral healthcare workforce shortage and the lack of specialized training for complex mental illnesses. Physicians and other health professionals are not adequately trained on how to identify and treat eating disorders. In a study of the 637 U.S. medical residency programs, only 6% required any training in eating disorders to graduate. This gap leaves pediatric and adult providers without the knowledge necessary to identify and treat these deadly conditions.

**U.S. Centers for Disease Control and Prevention (CDC)**

We urge that the Subcommittees direct the CDC to reintegrate questions on unhealthy weight control practices within the Youth Risk Behavior Surveillance Survey. The House and Senate’s FY23 LHHS reports included language that “encouraged” the CDC to do so, however we urge Congress to direct this requirement to ensure this data is collected since the CDC has ignored this Congressional request for the past three Fiscal Years.

The Centers for Disease Control and Prevention continues to be a critical agency in monitoring eating disorder prevalence in youth and adults through their multiple surveillance surveys. However, in 2015 unhealthy weight control practices surveillance questions were removed from the Youth Risk Behavior Surveillance System despite the CDC collecting this data since 1991. Examining trends of unhealthy dieting behaviors in youth is of critical importance given a teen with anorexia nervosa suffers ten times the mortality rate as a same-age peer. The COVID-19 pandemic has significantly impacted the mental health of adolescents, with emergency room admissions for eating disorders doubling in girls ages 12-17. The lack of data collection since 2015 has hampered public health surveillance and interventions of this serious mental illness.

**National Institutes of Health (NIH)**

We respectfully urge the Subcommittees to include the following language in the FY23 Omnibus encouraging increased eating disorders research funding and requesting an update from NIH on research

---


and resources needed to address gaps in genetics, prevention, diagnosis, and treatment of eating disorders, as was included in the House and Senate’s LHHS reports.

The Committee commends NIH for supporting multi-Institute research on the chronic, fatal, and serious mental illnesses encompassing eating disorders that impact nearly 30,000,000 Americans during their lifetimes, and their association with other conditions such as co-morbid mental illnesses, substance use disorder, and metabolic, cardiovascular, neurological, and reproductive disturbances. The Committee encourages NIH to increase resources for eating disorders research and directs NIMH, NIMHD, NICHD, and NIDA to provide the Committee with an update within 180 days of enactment of this Act on research gaps in the genetics, prevention, diagnosis, and treatment of eating disorders.

Despite the severity of the medical complications associated with eating disorders, the NIH has historically underfunded eating disorders research. The NIH only spends ~0.11% of its budget on eating disorders research and the National Institute for Mental Health (NIMH) spends ~1.27% of its budget on eating disorders research, for a disease that affects 9% of the U.S. population and has the highest average cost out of any mental health condition.7

Subcommittee on Defense

Department of Defense (DoD)

We respectfully urge the Subcommittees to include the House’s language within the FY23 Omnibus requesting a report by Defense Health Affairs on provider education and screening, standards of care and screenings, and barriers to implementing a provider training on eating disorders. Additionally, we request that eating disorders continue to be listed as a topic under the Defense Peer Reviewed Medical Research Program, as has been the case since Fiscal Year 2017.

Servicemembers – particularly active-duty servicewomen – and military families are affected by eating disorders at elevated rates. Diagnoses among military personnel have risen 26% from 2013-2016, and 21% of children of servicemembers and 26% of spouses of servicemembers are currently symptomatic for an eating disorder. Since the beginning of the pandemic, military health professionals in the Army, Marine Corps, and other branches have reached out directly to the eating disorders community for training and education on these conditions. They’ve warned that cases have been rising on bases across the nation. As with the civilian population, however, military health care providers rarely receive training in accordance with medical standards of care on how to identify, screen, and treat eating disorders.

We thank you for your thoughtful consideration of these requests.

Sincerely,

Academy for Eating Disorders                      Alaska Eating Disorders Alliance
Accanto Health | The Emily Program and           Amanda Birkhead Nutrition Counseling LLC
Veritas Collaborative

---

American Academy of Social Work and Social Welfare
American Association for Psychoanalysis in Clinical Social Work
American Association on Health and Disability
American Foundation for Suicide Prevention
Anxiety and Depression Association of America
Association for Behavioral Health and Wellness
Bay Area Nutrition, LLC
BE REAL
Carolina Resource Center for Eating Disorders
CBT Center of WNC
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Deborah L Klinger, M.A., LMFT, PC
Division of Epidemiology and Community Health, School of Public Health, University of Minnesota
Dr. Beverly Smith
E.L.M. Wellness
East Cooper Behavioral Health
Eating Disorder Coalition of Iowa
Eating Disorder Hope
Eating Disorders Coalition for Research, Policy & Action
Eating Disorders Resource Center
Eating Recovery Center and Pathlight Behavioral Health
Equip Health
Exceptional Families of the Military
F.E.A.S.T.
Hanger Hall School
International Federation of Eating Disorder Dietitians
Lakeshore Foundation
Living Balance Psychotherapy
Lutz, Alexander & Associates Nutrition Therapy
Maternal Mental Health Leadership Alliance
McCallum Place
MCEC - Military Child Education Coalition
Military Family Advisory Network (MFAN)
Multi-Service Eating Disorders Association
NAADAC, the Association for Addiction Professionals
National Alliance for Eating Disorders
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of Anorexia Nervosa and Associated Disorders
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Center of Excellence for Eating Disorders
National Council for Mental Wellbeing
National League for Nursing
National Military Family Association
National Register of Health Service Psychologists
NEDA
Nutritious Thoughts
Opal: Food+Body Wisdom
Project HEAL
Prosperity Eating Disorders and Wellness
REDC Consortium
Sanford Comprehensive Treatment for Eating Disorders
Sheppard Pratt
SMART Recovery
STRIPED (Strategic Training Initiative for the Prevention of Eating Disorders)
SunCloud Health
The Eating Disorders Foundation
The Kennedy Forum
The New England Eating Disorders Program at Sweetser
The Renfrew Center for Eating Disorders
The Trevor Project
Timberline Knolls
Traci Malone Nutrition
Tricare for Kids Coalition
University of Wyoming
Washington University School of Medicine
WithAll