



Statement from the Eating Disorders Coalition Regarding the Senate's Decision Not to Support Mental Health Coverage for Military Families Who Need Eating Disorders Care

WASHINGTON, D.C. (August 24, 2021)—*The Eating Disorders Coalition for Research, Policy & Action released the following statement regarding the Senate Armed Services Committee's decision to exclude the bipartisan SERVE Act (S.194/ H.R. 1309) from the FY 2022 National Defense Authorization Act:*

The Eating Disorders Coalition is stunned by the Senate Armed Services Committee's callous decision not to include the SERVE Act in the National Defense Authorization Act (NDAA). In light of the Committee's vote to increase discretionary defense spending by \$25 billion to a total of \$779 billion¹, the EDC rejects any pretense that the SERVE Act's impact upon the NDAA—a nominal \$200,000—is cost prohibitive. As the nation experiences a surge in eating disorders cases, it is alarming that the Committee failed to ensure adequate healthcare for thousands of military spouses and their adult dependents battling eating disorders, effectively deprioritizing the health and readiness of our military and thereby, needlessly jeopardizing our national security.

Inexplicably, military family members only have access to intensive eating disorders treatment services through age 20, as if persons magically 'outgrow' these biologically-mediated illnesses the day they turn 21. Similar age restrictions do not apply to military family members suffering from substance use disorders or other physical health conditions. Adding insult to injury, were servicemembers and their families to receive health insurance through Affordable Care Act (ACA) plans or employer-sponsored plans (as most Americans do), age limitations on eating disorders care would constitute a violation of federal mental health parity law, as no comparable limitations exist for illnesses requiring medical or surgical attention.

Eating disorders affect individuals of all ages and backgrounds and are life-threatening if left untreated. In fact, eating disorders are among the most lethal of all psychiatric illnesses, second only to the harrowing mortality realized by the opioid epidemic. Every 52 minutes, one American dies as a direct result of an eating disorder.² Make no mistake, the Senate Armed Services Committee's omission of the SERVE Act carries a deadly cost to military families.

The number of Americans seeking eating disorder treatment has doubled since March 2020 and hospitalizations related to eating disorders have spiked by 30% during the pandemic.³ Without appropriate intervention, eating disorders lead to increased Emergency Room (ER) visits. These visits average \$16,000 per encounter; eating disorder ER visits alone represent an annual cost of \$29.3 million to the US economy. In total, eating disorders in the US represent a \$64.7 billion annual economic burden.⁴ By contrast, it would

¹ O'Brien, Connor. (July 22, 2021). Senate Backs \$25B Pentagon budget boost. *Politico*. Retrieved from <https://www.politico.com/news/2021/07/22/senate-panel-backs-pentagon-boost-500596>

² Arcelus, J., Mitchell, A. J., Wales, J., & Nielsen, S. (2011). Mortality rates in patients with Anorexia Nervosa and other eating disorders. *Archives of General Psychiatry*, 68(7), 724-731.

³ Tanner, Lindsay. (May 23, 2021). Pandemic has fueled eating disorder surge in teens, adults. *Associated Press*. Retrieved from <https://apnews.com/article/coronavirus-pandemic-virus-lifestyle-eating-disorders-health-27c9d5680980b1452f7e512db4d9f825>

⁴ Deloitte Access Economics. The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. June 2020. Available at: <https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/>.

take a mere 13 ER visits of military family members to offset the \$200,000 needed to fund the SERVE Act for a year.

While the Senate Armed Services Committee neglected to include the life-saving provisions offered by the SERVE Act, the opportunity for Congress to do that which is right, practical, and in the best interest of the United States remains before us. The House Armed Services Committee retains the power to include the SERVE Act in their FY22 NDAA markup on September 1, 2021, and it is imperative that they so do.

Additional Background on the SERVE Act:

Currently, military family members over the age of 20 cannot receive evidence-based residential eating disorders treatment under TRICARE. However, this age restriction does not apply to military family members suffering from substance use disorders and other physical health conditions.

Research shows that 28% of servicemembers' spouses and 21% of children show symptoms of an eating disorder at rates that are three times higher than their civilian peers.⁵ Between 2014 and 2018 alone, nearly 20,000 military children and spouses were diagnosed with an eating disorder, a number that has only grown during the pandemic.⁶

While the Senate Armed Services Committee failed in its duty to safeguard military families, the House Armed Services Committee can remedy this mistake on September 1st by including the SERVE Act in the NDAA, providing military spouses and children access to lifesaving care. The EDC urges Congressman Adam Smith, Chairman of the House Armed Services Committee, to include provisions from the SERVE Act (H.R. 1309) during the markup and to eliminate the arbitrary age limit on accessing eating disorder treatment.

For more information, see the SERVE Act infographic on the [EDC's website](#).

The Eating Disorders Coalition for Research, Policy & Action (EDC) is a Washington, DC-based, federal advocacy organization comprised of advocacy organizations, academics, treatment providers, family/loved ones of children with eating disorders and people experiencing eating disorders nationwide. The EDC advances the recognition of eating disorders as a public health priority throughout the United States. Additional resources can also be found at eatingdisorderscoalition.org.

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Media Contact: Emily Rosenberg: erosenberg@eatingdisorderscoalition.org

⁵ Higgins Neyland MK, Shank LM, Burke NL, et al. Parental deployment and distress, and adolescent disordered eating in prevention-seeking military dependents. *Int J Eat Disord*. 2019;1–9. <https://doi.org/10.1002/eat.231806>.

⁶ Silas, Sharon. (August 7, 2020). Department of Defense: Eating Disorders in the Military. Retrieved from <https://www.gao.gov/assets/gao-20-611r.pdf>.