

United States Senate

WASHINGTON, DC 20510

May 25, 2022

The Honorable Patty Murray
Chair, Subcommittee on Labor,
Health and Human Services, Education,
and Related Agencies
United States Senate
Washington, D.C. 20510

The Honorable Roy Blunt
Ranking Member, Subcommittee on Labor,
Health and Human Services, Education,
and Related Agencies
United States Senate
Washington, D.C. 20510

Dear Chair Murray and Ranking Member Blunt:

Approximately 30 million Americans experience a clinically significant eating disorder during their lifetime, but experts estimate that only one in ten people receive treatment. The COVID-19 pandemic has only intensified the need for increased mental health supports and services—especially for adolescents. Research has shown a 25 percent increase in pediatric emergency room admissions for mental health conditions and a doubling in eating disorder emergency room admissions for female adolescents.^{1,2} The Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institutes of Health (NIH) all play critical roles in monitoring and studying eating disorder prevalence and enhancing access to early intervention and comprehensive treatment.

Congress passed the *21st Century Cures Act* with large, bipartisan majorities in the House and Senate in December 2016. The bill placed a strong emphasis on improving our broken mental health care system, including the mental illness with one of the highest mortality rates—eating disorders. The eating disorder provisions included in the law, derived from the bipartisan *Anna Westin Act of 2015* (H.R. 2515/S. 1865 in the 114th Congress), were designed to improve early detection of eating disorders by health professionals, increase access to quality and affordable treatment for eating disorders under mental health parity plan coverage requirements, and provide the public with resources to help prevent and identify these conditions.

Early detection is particularly critical to get help for people like Anna Westin, a young woman from Chaska, Minnesota, who took her own life after struggling with anorexia for several years. We can and must do more to identify these conditions so that people with eating disorders can get the care they need. Although many people with eating disorders can live healthy lives when their conditions are identified and they receive treatment, there is a shortage of evidence-based

¹ Rebecca T. Leeb et al., (November 2020). “Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020.” *Morbidity and Mortality Weekly Report* 69, no. 45 (2020):1675-1680. Centers for Disease Control and Prevention. Retrieved from <http://dx.doi.org/10.15585/mmwr.mm6945a3>.

² Lakshmi Radhakrishnan et al., (February 2022). “Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic — United States, January 2019-January 2022.” *Morbidity and Mortality Weekly Report* 71, no. 8 (2022): 319-324. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7108e2-H.pdf>.

training and education programs that prepare health professionals to recognize and provide proper care to these individuals.

Health Resources and Services Administration (HRSA) In Coordination With the Substance Abuse and Mental Health Services Administration (SAMHSA)

In keeping with the intention of *The Anna Westin Act* and *21st Century Cures Act*, we respectfully request that as you prepare the LHHs FY 2023 appropriations bill, you continue to provide strong funding for Primary Care Training and Enhancement programs at HRSA, including enhanced funding for the Education and Training on Eating Disorder program authorized by the *Anna Westin Act* provisions in Section 13006 of the 21st Century Cures Act. We thank you for including report language on these critical programs in the FY 2019 and FY 2022 appropriation bills. We urge you to include again in your FY 2023 appropriations bill further support to enable HRSA to facilitate evidence-based trainings for health professionals to identify patients with eating disorders and refer them for appropriate treatment.

Eating Disorders Screening, Brief Intervention, Referral, and Treatment (SBIRT).—The COVID–19 pandemic worsened eating disorders across the nation, with one study reporting a doubling and tripling of eating disorder caseloads in children’s hospitals. Despite the physical and psychiatric acuity-associated with eating disorders, many patients remain undetected and untreated, in part due to a lack of specialized training for health professionals. In fact, only 20 percent of surveyed medical residency programs offer elective training in eating disorders and only six percent require such training. Within the total for Primary Care Training and Enhancement, the Committee provides up to \$1,000,000, in coordination with SAMHSA’s Center of Excellence for Eating Disorders, to provide trainings for primary care health professionals to screen, intervene, and refer patients to treatment for the severe mental illness of eating disorders, as authorized under section 13006 of the 21st Century Cures Act (P.L. 114–255).

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

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 eating disorders surveillance questions were removed from the Youth Risk Behavior Surveillance System after collecting this data since 1991. Considering that a teen with anorexia nervosa has ten times the risk of dying than a same-age peer, examining trends of unhealthy dieting behavior is of critical importance. Additionally, the COVID-19 pandemic has significantly impacted the mental health of adolescents, with emergency room admissions for eating disorders doubling in girls ages 12-17.³ The lack of data collection since 2015 has hampered public health surveillance and interventions of this serious mental illness.

We thank you for including report language in the FY 2021 and FY 2022 appropriation bills, and we urge you to do so again in the FY 2023 appropriation bill to support and enable CDC to track, collect, and assess important data on eating disorders among youth.

³ *Ibid.*

Eating Disorders.—The Committee recognizes that the mental health problems of youth are at an all-time high, with eating disorder hospitalizations for youth doubling during the pandemic. For 23 years, the CDC conducted surveillance of the signs and symptoms of eating disorders within the Youth Risk Behavioral Surveillance System (YRBSS), but removed this information from data collection starting in 2015. Such gaps in data collection have left public health experts and researchers with limited data to address the current eating disorders crisis amongst youth. The Committee directs CDC to assist States in collecting data by including standard questions on unhealthy weight control practices for eating disorders, including binge eating, through the YRBSS.

Additionally, given the rise of eating disorders among children and adolescents over the course of the coronavirus pandemic, an awareness campaign through the Division of Nutrition, Physical Activity and Obesity at CDC to provide education and implementation of proper prevention strategies is warranted. This campaign would assist families, guardians, community leaders, and other stakeholders to enhance awareness of this mental illness and how to intervene appropriately.

Eating Disorders Awareness Program.—The Committee is concerned that eating disorders have one of the highest fatality rates of any psychiatric illness, and the rate of diagnosis for youth ages 12-18 rose 25 percent since 2019. The Committee provides \$3,000,000 within Nutrition, Physical Activity, and Obesity for public awareness campaigns for eating disorders including education and implementation on proper prevention strategies. The Committee requests a report on awareness campaign activities including successful outcomes no later than the Fiscal Year 2024 Budget Request by the Centers for Disease Control and Prevention.

National Institutes of Health (NIH)

We respectfully request the highest level of funding possible for the NIH to increase eating disorders research funding across the NIH through the NIH Office of the Director. Despite the severity of the medical complications associated with eating disorders, the NIH has historically underfunded eating disorders research. Between 2015-2018, the NIH only spent ~0.11 percent of its budget on eating disorders research⁴ and the National Institute for Mental Health (NIMH) spent ~1.27 percent of its budget on eating disorders research during the same time period for a disease that affects 9 percent of the U.S. population and has the highest average cost out of any mental health condition.⁵ Additionally, report language that passed in the FY 2021 bill directed NIH to issue a report regarding how the agency has worked to increase eating disorders research. This report has to date not been issued.

⁴ Office of Budget, U.S. Department of Health and Human Services, (May 2017). “HHS FY 2018 Budget in Brief – NIH.” U.S. Department of Health and Human Services. Retrieved from <https://www.hhs.gov/about/budget/fy2018/budget-in-brief/nih/index.html>.

⁵ Deloitte Access Economics, (June 2020). “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.” Harvard School of Public Health. Retrieved from: <https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/>.

Eating Disorders.—The Committee commends NIH for supporting multi-Institute research on the chronic, fatal, and serious mental illnesses encompassing eating disorders that nearly 30,000,000 Americans suffer from during their lifetimes, and the association of eating disorders with other conditions such as diabetes, infertility, heart disease, PTSD, substance use disorder, co-occurring mental illnesses, and tooth decay. The Committee encourages NIH to increase resources for eating disorders research and directs the Director of NIH, in collaboration with NIMH, NIMHD, NICHD, and NIDA, to provide the Committee with a report within 180 days resources needed to address gaps in genetic predisposition, prevention, diagnosis, and treatment of eating disorders.

A strong commitment to fund and prioritize these programs would make a profound difference for the millions of American families affected by eating disorders.

Thank you for your consideration of this request.

Sincerely,



Amy Klobuchar
United States Senator



Tammy Baldwin
United States Senator



Michael F. Bennet
United States Senator



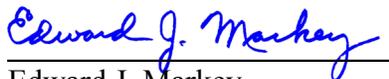
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