April 7, 2022

Carole A. Johnson
Administrator
Office of the Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
Parklawn Building
5600 Fishers Lane
Room 14-71
Rockville, MD 20857

CAPT Paul Jung
Director
Division of Medicine and Dentistry
Bureau of Health Workforce
Health Resources and Services Administration
U.S. Department of Health and Human Services
Parklawn Building
5600 Fishers Lane
Room 9A-27
Rockville, MD 20857

Dear Administrator Johnson and Director Jung:

On behalf of the Eating Disorders Coalition for Research, Policy & Action (EDC), a nonprofit organization comprised of patient and caregiver advocates, treatment providers, advocacy organizations, and academics, aimed to advance the recognition of eating disorders as a public health priority throughout the U.S., we write to provide recommendations for HRSA's implementation of eating disorders trainings within the Primary Care Training and Enhancement grant program. By promoting federal support for improved access to care, the EDC seeks to increase the resources available for education, prevention, and improved training, as well as for scientific research on the etiology, prevention, and treatment of eating disorders.[1]

The passage of the 21st Century Cures Act (P.L. 114-255)[2] included provisions under the Secretary of HHS to facilitate the identification of model programs and materials for educating and training health professionals in effective strategies in identification, early intervention, and treatment referral for patients with eating disorders. Relatedly, Fiscal Years 2018, 2019, 2020, 2021 and 2022 have included report language urging HRSA to integrate trainings for primary care health professionals to screen, briefly intervene, and refer patients to treatment for eating disorders. The most recent report language in the Consolidated Appropriations Act of 2022[3] stated:

> *Eating Disorders Screening, Brief Intervention, Referral, and Treatment (SBIRT).—The COVID–19 pandemic worsened eating disorders across the nation, with one study reporting up to 76 percent of respondents engaging in eating disorder behaviors. Despite the medical and psychiatric acuity associated with eating disorders, many patients remain undetected and untreated, as 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 National Center of Excellence for Eating Disorders, to provide trainings for primary care health professionals to screen, briefly 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).*

[1] Eating Disorders Coalition. "Mission & Goals." https://www.eatingdisorderscoalition.org/inner_template/about_us/mission-and-goals.html
[2] Pub.L. 114-255, Div. B, Title XIII, § 13006, Dec. 13, 2016, 130 Stat. 1287
[3] https://docs.house.gov/billsthisweek/20220307/BILLS-117RCP35-JES-DIVISION-H_Part1.pdf

Although the $1 million dedicated funding for eating disorders trainings was not included within the final package[4], the remaining language was included with an overall program increase of $1 million.

Eating disorders are complex, biologically-based serious mental illnesses that have the second highest mortality rate of any psychiatric illness—with one person losing their life every 52 minutes as a direct result of an eating disorder.[5] Approximately 28.8 million Americans experience a clinically significant eating disorder during their lifetime[6], affecting individuals of all ages, races, genders, ethnicities, socioeconomic backgrounds, body sizes, and sexual orientations.[7]

Under the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: DSM-5, eating disorders include the specific disorders of anorexia nervosa, bulimia nervosa, binge-eating disorder, avoidant/restrictive food intake disorder, and other specified feeding or eating disorders.[8] Eating disorders are associated with a range of medical complications including cardiac disability, starvation, hepatitis, refeeding syndrome, cognitive dysfunction, kidney failure, esophageal cancer, osteoporosis, fractures (hip, back, etc.), hypoglycemic seizures, amenorrhea, infertility, high and low blood pressure, Type II diabetes mellitus, edema (swelling), high cholesterol levels, gall bladder disease, decalcification of teeth, severe dehydration, chronically inflamed sore throat, and inflammation and possible rupture of the esophagus.[9, 10]

HRSA is acutely aware of the U.S. behavioral health care workforce shortage. According to the agency's projections, even with an increase in supply, the demand for behavioral health workers by 2030 include a 3% increase in demand for adult psychiatrists, 5% increase in demand for psychologists, a 15% increase in demand for addiction counselors, and a 13% increase in demand for mental health counselors.[11] Compounding this issue is the lack of specialized training for complex mental illnesses, like eating disorders. Unfortunately, physicians and other health professionals are not adequately trained on how to identify and treat eating disorders. A study of 637 residency programs, 514 did not offer any scheduled or elective rotations for eating disorders.[12] Of the 123 programs that did offer eating disorder rotations, only 42 offered a formal, scheduled rotation.[13]

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[4] https://docs.house.gov/billsthisweek/20220307/BILLS-117RCP35-JES-DIVISION-H_Part1.pdf
[5] 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/
[6] Ibid.
[7] Le Grange, D., Swanson, S. A., Crow, S. J., & Merikangas, K. R. (2012). Eating disorder not otherwise specified presentation in the US population. *International Journal of Eating Disorders*, 45(5), 711-718.
[8] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C: American Psychiatric Association.
[9] Westmoreland, P., Krantz, M. J., & Mehler, P. S. (2016). Medical complications of anorexia nervosa and bulimia. *Am J Med*, 129(1), 30–37.
[10] Thornton, L. M., Watson, H. J., Jangmo, A., Welch, E., Wiklund, C., von Hausswolff-Juhlin, Y., . . . Bulik, C. M. (2017). Binge-eating disorder in the Swedish national registers: somatic comorbidity. *Int J Eat Disord*, 50(1), 58-65.
[11] HRSA. Behavioral Health Workforce Projections. Accessed on November 3, 2021. https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health
[12] Mahr F, Farahmand P, Bixler EO, Domen RE, Moser EM, Nadeem T, Levine RL, Halmi KA. A national survey of eating disorder training. Int J Eat Disord. 2015 May;48(4):443-5. doi: 10.1002/eat.22335.
[13] Ibid.

The COVID-19 pandemic has only exacerbated the mental health needs of Americans. An ongoing study from the National Center of Excellence for Eating Disorders[14] found in July 2020, 62% of people in the U.S. with anorexia nervosa experienced a worsening of symptoms as the pandemic hit, and nearly one-third of Americans with binge eating disorder, which is far more common than anorexia, reported an increase in episodes. Studies show that when a person with a severe eating disorder like anorexia does not receive comprehensive treatment, 41% of patients will relapse and are two times more likely to end up in the emergency room than someone without an eating disorder.[15] Disturbingly, we have seen this emergency room trend realized with eating disorder visits for girls ages 12-17 double since 2019.[16]

The U.S. healthcare system is currently designed to respond to mental health crises and not invest in early intervention or ongoing management of a mental illness. This approach costs the U.S. $64.7 billion annually for individuals with eating disorders.[17] The federal government shoulders $17.7 billion of that annual cost.[18] Eating disorders crisis care results in $29.3 million in ER visits annually and $209.7 million in inpatient hospitalizations.[19] HRSA has the unique opportunity to change this dynamic through the training of primary care providers. Below you will find our recommendations on how best to address this issue.

Recommendations for Primary Care Trainings for Eating Disorders

1. Coordinate Trainings with the Center of Excellence for Eating Disorders

HRSA's PCTE can partner with the Center of Excellence for Eating Disorders as their Screening, Brief Intervention, and Referral to Treatment protocol for eating disorders (SBIRT-ED) is a cornerstone of their work.

As part of P.L. 114-255, the Center of Excellence for Eating Disorders was awarded to the University of North Carolina at Chapel Hill by the Substance Abuse and Mental Health Services Administration (SAMHSA). Between 2016 and 2019, over 7,000 healthcare professionals have been trained on eating disorders by the Center and over 16,000 individuals have received indirect training. Additionally, the Center has provided over 700 continuing education credits for the trainings they offer. As HRSA knows, the SBIRT model is a well-established public health/harm-reduction approach originally designed for primary care providers to detect and manage substance use disorders.

SBIRT-ED equips primary care providers with a validated screening tool and tailored technical assistance in the form of scripted prompts for use during a clinical visit and a step-by-step guide designed to facilitate referral to specialty care. Further, the Center has created curricula to embed into medical programs and

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[14] Termorshuizen, J; Watson, H; Thornton, L; Borg, S; Flatt, R; MacDermod, C; Harper, L; Van Furth, E; Peat, C; & Cynthia M. Bulik. Early Impact of COVID-19 on Individuals with Eating Disorders: A survey of ~1000 Individuals in the United States and the Netherlands. June 8, 2020. https://doi.org/10.1101/2020.05.28.20116301

[15] Tackling Relapse Among Anorexia Nervosa Patients. (2013). *Eating Disorders Review*, 24, 9-11.; Yafu Zhao, M., & Encinosa, W., Ph.D. (2011, September). An Update on Hospitalizations for Eating Disorders, 1999 to 2009. Retrieved from http://www.hcup-us.ahrq.gov/reports/statbriefs/sb120.jsp

[16] Radhakrishnan, Lakshmi, Leeb, Rebecca, Bitsko, Rebecca . . . & Anderson, Kayla. (February, 18, 2022). Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic—United States, January 2019-January 2022. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report 71. Retrieved from https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7108e2-H.pdf

[17] 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/.

[18] Ibid.

[19] Ibid.

graduate training programs to ensure the next generation of healthcare providers have been trained by the time they are licensed clinicians.

The current SBIRT-ED tool is focused on adult populations, but the Center is actively working to adapt the content to be appropriate for pediatric/adolescent populations—a group known to have an elevated risk for the development of eating disorders.

2. **Prioritization for Applicants in Located in Health Professional Shortage Areas**

When reviewing grant program applications, prioritizing applications that come from designated health professional shortage areas would meaningful impact access to eating disorder treatment. Other considerations for prioritization include rural hospitals, Indian Health Service designated facilities, and health centers that serve a high proportion of Medicaid enrollees.

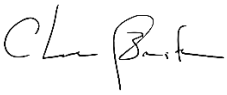
3. **Strengthen Partnership with the Center of Excellence for Eating Disorders within other HRSA Training Programs**

The SAMHSA-funded Center functions as a technical assistance provider with a distinct emphasis on training healthcare professionals in evidence-based practices for managing eating disorders. Their cadre of resources is heavily focused on primary care providers as well as disciplines involved in the direct care of eating disorders (e.g., therapists, dieticians, psychiatrists). As such, their static resources, webinars (both live and on-demand), and consultation requests serve as a model for training healthcare providers in best practices for identifying and managing eating disorders.

The Center could potentially work with other HRSA training programs to expand eating disorders training across the Administration (including pediatrics) to strengthen workforce readiness of all providers, regardless of whether or not they specialize in eating disorders. Doing so would help increase the network of support for individuals affected by these conditions as multiple stakeholder groups would have the knowledge and skills necessary to identify and intervene as appropriate depending on their role.

We thank you for your attention and consideration of these recommendations and look forward to working with you.

Sincerely,



Chase Bannister, MDIV, MSW, LCSW, CEDS
President, Board of Directors, Eating Disorders Coalition for Research, Policy & Action