March 26, 2021

The Honorable Jack Reed
Chairman
Armed Services Committee
United States Senate
Washington, DC 20510

The Honorable Roger Wicker
Ranking Member
Armed Services Committee
United States Senate
Washington, DC 20510

The Honorable Adam Smith
Chairman
Armed Services Committee
United States House of Representatives
Washington, DC 20515

The Honorable Mike Rogers
Ranking Member
Armed Services Committee
United States House of Representatives
Washington, DC 20515

Dear Chairman Reed and Ranking Member Wicker, and Chairman Smith and Ranking Member Rogers:

The MHLG is pleased to express its strong support for the bipartisan Supporting Eating Disorders Recovery Through Vital Expansion (SERVE) Act (H.R. 1309/S. 194), led by Sens. Shaheen (D-NH) and Tillis (R-NC) in the Senate, and Representatives Moulton (D-MA), Katko (R-NY), and Escobar (D-TX) in the House. This bill would improve access to care, early identification, and quality of care for servicemembers and military family members affected by eating disorders.

Eating disorders are serious mental illnesses that affect 28.8 million Americans over the course of their lifetimes,1 including people of all backgrounds, races, ethnicities, body sizes, gender and sexual identities, and socioeconomic statuses. Eating disorders have the second highest mortality rate of any psychiatric condition,2 second only to opioid use disorder, due to an elevated risk of suicide and serious medical comorbidities caused by eating disorders. When left untreated, eating disorders cost the American economy $64.7 billion every year, with $23.5 billion of that cost shouldered by families and individuals.3

Servicemembers are affected by eating disorders at higher rates than the general public due to risk factors unique to their military experience, including strict weight and body size requirements, combat exposure, Post-Traumatic Stress Disorder (PTSD), and military sexual trauma.4 The problem is only accelerating, as studies have shown that diagnoses of eating disorders among military personnel rose 26% from 2013-2016,5 and another study found 16% of female veterans had an eating disorder.6 Additionally, a recent report by the Defense Health Board unveiled that active-duty servicewomen are disproportionately affected by eating disorders, impacting their readiness and health.7

The spouses and children of servicemembers are also affected at higher rates than the general population; 21% of children of servicemembers and 26% of spouses of servicemembers are symptomatic for an eating disorder,8 rates 3 times higher than their civilian peers.9 The Defense Health Board, the Eating Disorders Coalition, and researchers recommend filling gaps in eating disorders coverage under TRICARE and implementing protocols and guidance to better screen, identify, refer, and treat servicemembers and their family members affected by eating disorders.

The bipartisian SERVE Act would take two steps to ensure servicemembers and their family members can access care and be identified early. First, the SERVE Act would extend the age limit for military family members to access 24/7 residential eating disorders care from up to 21 years old to the Medicare-eligibility age, so beneficiaries can access needed care regardless of age. Approximately 5-10% of people affected by eating disorders will need this higher level of care, and such care would be available to military family members of all ages if they had substance use disorder. The SERVE Act would

---

3 Ibid (1)
also require the Secretary of Defense to take measures to identify, treat, and rehabilitate servicemembers battling eating
disorders, as was done previously for substance use disorder, as well as require the DoD and VA to create clinical practice
guidelines for eating disorders treatment to ensure high-quality care, which already has been done for a wide range of other
medical and mental health conditions.

We urge the Committee to either pass the SERVE Act as a standalone bill or include it within the FY22 National Defense

Sincerely,

2020 Mom
American Art Therapy Association
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical
Social Work
American Association of Child & Adolescent Psychiatry
American Association of Suicidology
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Depression and Bipolar Support Alliance
Eating Disorders Coalition
Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
International Society for Psychiatric Mental Health Nurses
Maternal Mental Health Leadership Alliance
Mental Health America
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Association for Behavioral Healthcare
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health & Developmental Disability Directors
National Association of Social Workers
National Association of State Mental Health Program Directors
National Eating Disorders Association
National Federation of Families
National Register of Health Service Psychologists
REDC Consortium
RI International, Inc.
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
Treatment Communities of America