November 14, 2023

The Honorable Martin Heinrich Chairman, Senate Subcommittee on Agriculture Rural Development, FDA, and Related Agencies Appropriations Washington, DC 20510

The Honorable John Hoeven Ranking Member, Senate Subcommittee on Agriculture Rural Development, FDA, and Related Agencies Appropriations Washington, DC 20510

The Honorable Andy Harris Chairman, House Subcommittee on Agriculture, Rural Development, FDA, and Related Agencies Appropriations Washington, DC 20515

The Honorable Sanford Bishop Ranking Member, House Subcommittee on Agriculture Rural Development, FDA and Related Agencies Appropriations Washington, DC 20515 The Honorable Tammy Baldwin Chairwoman Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Appropriations Washington, DC 20510

The Honorable Shelly Moore Capito Ranking Member, Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Appropriations Washington, DC 20510

The Honorable Robert Aderholt Chairman, House Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Appropriations Washington, DC 20515

The Honorable Rosa DeLauro Ranking Member, House Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Appropriations Washington, DC 20515

Dear Chairman Heinrich, Ranking Member Hoeven, Chairwoman Baldwin, Ranking Member Capito, Chairman Harris, Ranking Member Bishop, Chairman Aderholt, and Ranking Member DeLauro,

On behalf of the 48 undersigned national, state, and local organizations, we respectfully request the inclusion of report language in the Fiscal Year (FY) 2024 Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations package and report language and funding in the FY 2024 Labor, Health, Human Services, Education and Related Services Appropriations package.

Approximately 28.8 million Americans will suffer from an eating disorder in their lifetime.¹ Eating disorders are a serious mental illness and have the second highest mortality rate of any psychiatric condition.² Every 52 minutes someone in the U.S. dies as a direct result of an eating disorder.³ These conditions are also costly to the U.S. economy with combined treatment and social costs totaling \$64 billion annually.⁴ Eating disorders often co-occur with other mental health conditions, like anxiety and depression, which can increase an individual's risk for suicide. Beyond being common and life-threatening illnesses, eating disorders impact people of all ages, races, ethnicities, and socioeconomic groups,– including the most vulnerable in society – our youth.

¹ 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.

² Ibid.

³ Ibid.

⁴ Ibid.

The youth mental health crisis in the U.S. is clearly visible in the eating disorder landscape where diagnoses among children and adolescents have doubled during the pandemic.^{5 6} Additionally, emerging research has shown that households experiencing food insecurity (which has been exacerbated since the pandemic) have higher rates of disordered eating, which can develop into full-blown eating disorders particularly among youth.⁷ Food insecurity has also been demonstrated to increase risk for anxiety and depression at 257% and 253% compared with food secure households⁸ which is particularly concerning as these psychiatric conditions are also risk factors in the development of eating disorders. For these reasons, we must work to immediately implement bipartisan policies across the federal government to efficiently and effectively address the rising rates of eating disorders in youth.

Agriculture

Local School Wellness Policies (LSWPs) are housed at the Food and Nutrition Service and support schools to implement plans to promote overall student wellness. These policies allow for schools to tailor their outreach to their specific communities' needs and support overall student well-being. Despite LSWPs focusing on physical wellness, a critical component is missing – eating disorders prevention. In a time where eating disorders are on the rise, LSWPs can serve as an early intervention for schools and parents to identify students that may be at risk.

We respectfully request you include the following report language in the FY24 Agriculture Appropriations Joint Explanatory Statement:

Local School Wellness Policies - The Committee acknowledges that difficulty accessing a variety of foods can cause significant issues, including poor physical health and eating disorders. The Committee directs the Secretary to update local school wellness policy guidance to incorporate eating disorder prevention and education into the existing local school wellness policy framework. The Committee requests a report within 120 days of the enactment of this Act on the agency's progress to update State Education Agencies on the inclusion of eating disorders education and prevention within Local School Wellness Policies.

Labor, Health and Human Services

For 23 years, Centers for Disease Control (CDC) conducted surveillance of the signs and symptoms of eating disorders within the Youth Risk Behavior Surveillance System (YRBSS) but ended that data collection in 2015. This has left public health experts and researchers with little data to address the rising rate of eating disorders amongst youth. It is unacceptable that despite the rising rate of eating disorders and the increased acuity amongst youth, the CDC has failed to resume public health surveillance for unhealthy weight control practices in 9 years.

Since FY19, the House and the Senate have included report language expressing concerns over the rising rate of eating disorders amongst youth and the lack of questions on the CDC YRBSS. This year, the House included directive language in the LHHS Report requesting one question related to unhealthy weight control practices be added back on to the national YRBSS to rectify this issue that began in 2015. A standard question on the national YRBS survey is critical to allow us to address the eating disorders crisis amongst our youth and support those on the ground in our home states taking care of these children. We are concerned that the difference between the

⁵ Hartman-Munick SM, Lin JA, Milliren CE, et al. Association of the COVID-19 Pandemic With Adolescent and Young Adult Eating Disorder Care Volume. JAMA Pediatr. 2022;176(12):1225–1232. doi:10.1001/jamapediatrics.2022.4346

⁶ Westmoreland, P., Krantz, M. J., & Mehler, P. S. (2016). Medical complications of anorexia nervosa and bulimia. *Am J Med*, 129(1), 30–37. doi: 10.1016/j.amjmed.2015.06.031. Epub 2015 Jul 10. PMID: 26169883.

⁷ University Relations News Service, "Research Brief: Food Insecurity Raised Risk for Disordered Eating in Low-Income Adolescents," University of Minnesota Twin Cities (University of Minnesota, Twin Cities, August 13, 2020).

⁸ Fang, D., Thomsen, M.R. & Nayga, R.M. The association between food insecurity and mental health during the COVID-19 pandemic. BMC Public Health 21, 607 (2021) <u>http://doi.org/10.1186/s12889-021-10631-0</u>

House report language and the Senate report language will mean the CDC will elect to not add this crucial question to the national YRBSS, despite widespread bipartisan support.

For these reasons, we respectfully request that you include the following report language in the FY24 LHHS Appropriations Joint Explanatory Statement:

Eating Disorders - The Committee remains concerned that mental health problems amongst youth are at an alltime high, with eating disorders-related emergency room admissions for youth doubling during the pandemic. For 23 years, CDC conducted surveillance of the signs and symptoms of eating disorders within the Youth Risk Behavioral Surveillance System but ended that data collection in 2015. The resulting gap in data collection has left public health experts and research with limited data to address current eating disorders crisis among youth. **The Committee directs the CDC to assist states in collecting data by including one standard question on unhealthy weight control practices for eating disorders through the Youth Risk Behavioral Surveillance** System.⁹

Finally, the rate of eating disorders amongst adolescent girls has spiked during the pandemic, with the rate of pediatric emergency visits for eating disorders doubling.¹⁰ Last year the Office of Women's Health (OWH) awarded \$1 million for two competitive grants to study the impact of eating disorders on adolescent girls and ways to better integrate physical and mental health aspects of eating disorders among care providers, nutritionists, and/or other community organizations. We applaud the House for including up to \$1.5 million for OWH to continue this research, including prevention, early intervention, and treatment protocols for women and girls with or at-risk of developing an eating disorder.¹¹

For these reasons, we respectfully request that you maintain the \$1.5 million for eating disorders research at the Office on Women's Health in the final FY24 LHHS Appropriations package.

On behalf of the EDC and the 28.8 million Americans living with an eating disorder, we urge you to include these requests in both Appropriations packages. Thank you for your attention to this critical matter. Please contact Christine Peat, PhD, President, Eating Disorders Coalition for Research, Policy, & Action at christine_peat@med.unc.edu or (919) 445-0818 should you have any questions.

Sincerely,

Eating Disorder Coalition for Research, Policy, & Action

Accanto Health: The Emily Program and Veritas Collaborative

Active Minds

Alaska Eating Disorders Alliance

American Foundation for Suicide Prevention

Association for Ambulatory Behavioral Healthcare (AABH)

BALANCE eating disorder treatment center

⁹ House explanatory materials for the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bills - H.R. 5894, p. 52-53

¹⁰ Radhakrishnan L, Leeb RT, Bitsko RH, et al. Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic — United States, January 2019–January 2022. MMWR Morb Mortal Wkly Rep 2022;71:319–324. DOI: http://dx.doi.org/10.15585/mmwr.mm7108e2.

¹¹ House explanatory materials for the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bills - H.R. 5894, p. 171-172

Bay Area Nutrition BE REAL USA Carolina Resource Center for Eating Disorders Center for Change Crisis Text Line Eating Disorders Resource Center Eating Recovery Center and Pathlight Farrington Specialty Centers Gaudiani Clinic IFEDD, The International Federation of Eating Disorder Dietitians Inner Haven Wellness Lindner Center of HOPE Living Hope Eating Disorder Treatment Center M2Health Mental Health America Multi-Service Eating Disorders Association, Inc (MEDA) National Association of Pediatric Nurse Practitioners National Association of State Mental Health Program Directors National Center of Excellence for Eating Disorders National Eating Disorders Association National League for Nursing Nova Luna Inc. **Policy Initiatives Institute** Project HEAL Project Maria Prosperity Eating Disorders and Wellness Ravenhawk Recovery LLC **REDC** Consortium SunCloud Health The Body Activists The Emilee Connection Inc.

The Kennedy Forum The Missouri Eating Disorders Association The Renfrew Center The Trevor Project University of Kansas University of Louisville Eating Anxiety Treatment Lab Victus Counseling & Nutrition Services Within Health Young Peoples' Alliance