

September 30, 2024

The Honorable Patty Murray  
Chairwoman, Senate Appropriations  
S-128, The Capitol  
Washington, D.C. 20515

The Honorable Susan Collins  
Vice Chairwoman, Senate Appropriations  
S-128, The Capitol  
Washington, D.C. 20515

The Honorable Tom Cole  
Chairman, House Appropriations  
H-307, The Capitol  
Washington, D.C. 20515

The Honorable Rosa DeLauro  
Ranking Member, House Appropriations  
H-307, The Capitol  
Washington, D.C. 20515

Dear Chairwoman Murray, Chairman Cole, Vice Chairwoman Collins, and Ranking Member DeLauro:

On behalf of the 122 undersigned national, state, and local organizations, we urge you to address the increasingly critical public health issue of eating disorders in the United States, as our nation faces worsening mental health issues. Unfortunately, no community is spared from the devastating impact of eating disorders including our servicemembers, veterans, and youth. We thank both Committees for including \$750,000 for eating disorders research to help women and girls under OASH, support and funding for SAMHSA's National Center of Excellence for Eating Disorders (NCEED), directing CDC to work with states to improve youth eating disorders data collection, inclusion of eating disorders within Local School Wellness Policies, and including eating disorders as a topic area for research under the Department of Defense's Peer Review Medical Research Program within the Senate.

**However, as you finalize the Consolidated Appropriations Act for FY2025, we respectfully request that the final package continues to support the Committees' aligned funding and report language mentioned above, and also includes the House LHHS' \$5 million in funding for SAMHSA's National Center of Excellence for Eating Disorders, and prioritizes the House-LHHS report language for the OWH "Eating Disorders Research", Senate-LHHS report language for the CDC's "Eating Disorder Awareness Program" and Senate Ag-FDA FNS' "Local School Wellness Policies" report language to improve this critical public health issue.**

Approximately 30 million Americans suffer from a clinically significant eating disorder during their lifetime.<sup>1</sup> Eating disorders cost \$65 billion annually and experts estimate that only about 20% of individuals with eating disorders receive treatment.<sup>2</sup> These conditions have the second highest mortality of any mental illness, and every 52 minutes some dies as a direct result of an eating disorder.<sup>3</sup> No group is spared the devastating effects of an eating disorder, including our pediatric populations. Unfortunately, research has shown a doubling in eating disorder emergency room admissions for adolescent females and rising increase of pediatric mental health emergency room visits.<sup>4,5</sup> These conditions can have lifelong health impacts on children and patients if they are not identified early or prevented.

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<sup>1</sup>National Eating Disorders Association. What are eating disorders? (2024).

<sup>2</sup>Penwell, Taylor, Bedard, Samantha., Eyre, Rebecca., and Levinson Cheri. Eating Disorders Treatment Access in the United States: Perceived Inequities Among Treatment Seekers. <https://psychiatryonline.org/doi/full/10.1176/appi.ps.20230193> (2024).

<sup>3</sup>Facts About Eating Disorders. Eating disorders coalition: Facts about eating disorders. (n.d.-a). [https://eatingdisorderscoalition.org/inner\\_template/facts\\_and\\_info/facts-about-eating-disorders.html](https://eatingdisorderscoalition.org/inner_template/facts_and_info/facts-about-eating-disorders.html)

<sup>4</sup> Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic. (2020).

<sup>5</sup> Radhakrishnan, Lakshmi, Leeb, Rebecca, Bitsko, Rebecca. & Anderson, Kayla. Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report 71. (2022).

Although many people with eating disorders can live healthy lives when their conditions are identified and they receive comprehensive treatment, there are bipartisan steps to improve the lives of more than 30 million Americans impacted by eating disorders. This will not only address the current rising rate of eating disorders amongst vulnerable communities, but most importantly it will save countless lives. We request the following elements within the FY 2025 LHHS and Ag-FDA packages:

## **I. SAMHSA’s National Center of Excellence for Eating Disorders**

Congress passed the Consolidated Appropriations Act of 2023 (PL 117-3285), which included the bipartisan, bicameral Anna Westin Legacy Act (H.R. 7249/S. 3686), reauthorizing the National Center of Excellence for Eating Disorders. The Center provides training and technical assistance to health care professionals to screen, briefly intervene and refer patients to treatment (SBIRT), including patient populations in the military and veterans. An estimated 16% of female veterans have an eating disorder.<sup>6</sup> Furthermore, 26% of children and spouses of service members are symptomatic for an eating disorder which is 3 times that of their civilian peers.<sup>7,8</sup> The reauthorization will expand eating disorder early detection through the creation of a pediatric SBIRT model, which currently does not exist today. We respectfully request the inclusion of the House LHHS’ \$5M and corresponding report language for SAMHSA’s NCEED ([page 138](#)) to maintain the Center’s current trainings for primary health care professionals to screen, briefly intervene, and refer patients to treatment (SBIRT), expand to the pediatric population, and create models for and coordinate with the DoD and VA to help service members, veterans, and their families in the FY25 end of year package:

*Eating Disorders. —The Committee provides \$5,000,000 to improve the availability of health care providers to respond to the needs of individuals with eating disorders including the work of the National Center of Excellence for Eating Disorders to increase engagement with primary care providers, including pediatricians, to provide specialized advice and consultation related to the treatment of eating disorders. The Committee provides additional funding to support the development, in coordination with the departments of Defense and Veterans Affairs, of a Screening, Brief Intervention and Referral to Treatment model for service members, veterans, and their families.*

## **II. Ag-FDA: Food and Nutrition Service’s (FNS)- Local School Wellness Policies**

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, healthy nutrition, and obesity prevention, 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, as well as ensure elements within the existing LSWP aren’t unintentionally putting a student at a higher risk of developing an eating disorder. For these reasons, we thank both Committees for including strong language for this request, and respectfully request that you include the Senate report language ([page 110](#)) in the FY25 end of year package for additional agency accountability:

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<sup>6</sup>Forman-Hoffman, V. L., Mengeling, M., Booth, B. M., Torner, J., & Sadler, A. G. (2012). Eating disorders, post-traumatic stress, and sexual trauma in women veterans. *Military medicine*, 177(10), 1161–1168. <https://doi.org/10.7205/milmed-d-12-00041>.

<sup>7</sup>Waasdrop, C.E., Caboot, J.B., Robinson C. A., Abraham, A. A., & Adelman, W.P. (2007). Screening Military Dependent Adolescent Females for Disordered Eating. *Military Medicine*, 172(9), 962-967. doi:10.7205/milmed.172.9.962.

<sup>8</sup>Higgins Neylan 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>.

***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.*

### **III. LHHS: Eating Disorders Awareness Program**

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. A standard question on the national YRBSS 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.

Since FY 2019, 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. However, the CDC has failed to act. We are grateful for both Committees inclusion in their FY 2025 LHHS reports of directive language to the CDC to rectify this decade-long gap in data. Both Committees language is strong, however, we respectfully request that you include the Senate report language ([page 73-74](#)) in the FY25 end of year package which adds additional accountability measures for the CDC:

***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 directs CDC to provide a report to the Committee within 180 days of enactment of this act detailing how CDC has assisted States in collecting data by re-including one standard question on unhealthy weight control practices for eating disorders in the Youth Risk Behavior Surveillance System.*

### **IV. LHHS: Eating Disorder Research-Office of the Assistant Secretary of Health**

While eating disorders occurs in both men and women, females have a higher risk of eating disorders. In less than a decade, the number of eating disorders among adolescents has increased by 119%. In response to the alarming rise in eating disorders amongst adolescent girls, the Office of the Assistant Secretary of Health awarded \$1,000,000 in discretionary grants in 2022 to improve early detection and prevention of eating disorders in adolescent girls. This funding is critical to improve early intervention in eating disorders to help with recovery. We applaud the Committees for providing level funding of \$750,000 to continue this research, and urge the prioritization of the House report language ([page 205](#)) in the FY25 end of year package to ensure such funding is most impactful for those in need:

***Eating Disorders Research.*** —*The Committee remains concerned that eating disorders have one of the highest fatality rates of any psychiatric illness, with girls and women at heightened risk for developing an eating disorder during their lifetime. The Committee recognizes OWH’s efforts to address the rise in eating disorders amongst adolescent girls. The Committee continues funding and urges focus on early detection and treatment protocols for women and girls with or at-risk of developing an eating disorder. The Committee encourages OWH to prioritize projects to address the lack of pediatric and adolescent screening in the primary care and pediatrics settings. The*

*Committee urges OWH to coordinate with outside organizations, eating disorders specialists, and other groups as necessary to identify research needs of eating disorders amongst women and girls.*

On behalf of the 122 undersigned organizations and over 30 million Americans living with an eating disorder, we urge you to include this critical report language 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](mailto:christine_peat@med.unc.edu) or (919) 445-0818 should you have any questions.

Sincerely,

**National**

Academy for Eating Disorders  
Active Minds  
American Academy of Pediatrics  
Bannister Consultancy  
Be Real USA  
Eating Disorders Coalition for Research, Policy, & Action (EDC)  
Equip Health  
Gaudiani Clinic  
Multi-Service Eating Disorders Association, Inc (MEDA)  
National Alliance for Eating Disorders  
National Association of Anorexia Nervosa and Associated Disorders (ANAD)  
National Center of Excellence for Eating Disorders (NCEED)  
National Eating Disorders Association (NEDA)  
Project HEAL  
REDC  
SEA WAVES  
Strategic Training Initiative for the Prevention of Eating Disorders  
The Eating Disorder Foundation  
The International Federation of Eating Disorder Dietitians (IFEDD)  
WithAll

**Alabama**

Odyssey Behavioral Healthcare, Columbiana

**Alaska**

Alaska Eating Disorders Alliance

**California**

Eating Disorders Resource Center, Campbell  
Monte Nido, Agoura Hills  
Monte Nido, East Bay  
Monte Nido, Los Angeles

Monte Nido, Malibu

Monte Nido, Yorba Linda

Odyssey Behavioral Healthcare, Long Beach

Odyssey Behavioral Healthcare, Los Angeles

Odyssey Behavioral Healthcare, Venice

The Renfrew Center, Los Angeles

**Colorado**

ACUTE Center for Eating Disorders, Denver

**Connecticut**

Monte Nido, Middletown

**Florida**

Monte Nido, Miami

Monte Nido, Palmetto Bay

Monte Nido, South Miami

The Renfrew Center, Coconut Creek

The Renfrew Center, Orlando

The Renfrew Center, West Palm Beach

**Georgia**

Monte Nido, Atlanta

Monte Nido, Sandy Springs

The Emily Program, Atlanta

The Renfrew Center, Atlanta

**Illinois**

Monte Nido, Chicago

SunCloud Health, Chicago

SunCloud Health, Naperville

SunCloud Health, Northbrook

The Renfrew Center, Chicago

**Indiana**

Odyssey Behavioral Healthcare, Anderson

Odyssey Behavioral Healthcare, Jeffersonville

**Iowa**

Eating Disorder Coalition of Iowa

**Kentucky**

University of Louisville

**Maryland**

SunCloud Health, Gaithersburg  
The Renfrew Center, Baltimore  
The Renfrew Center, Bethesda

**Massachusetts**

Monte Nido, Boston  
Monte Nido, Braintree  
Monte Nido, Dedham  
Monte Nido, Waltham  
Monte Nido, Westborough  
The Renfrew Center, Boston

**Minnesota**

The Emily Program, Duluth  
The Emily Program, St. Louis Park  
The Emily Program, St. Paul

**Missouri**

ACCESS Lab at Washington University  
Missouri Eating Disorders Council  
Monte Nido, St. Louis

**New Hampshire**

1109 Committee

**New Jersey**

Monte Nido, Cherry Hill  
Monte Nido, Parsippany  
The Renfrew Center, Mount Laurel  
The Renfrew Center, Paramus

**New York**

Monte Nido, Irvington  
Monte Nido, Briarcliff Manor  
Monte Nido, Glen Cove  
Monte Nido, Manhattan  
Monte Nido, New York  
Monte Nido, Rochester  
Monte Nido, South Salem  
Monte Nido, Westchester  
The Renfrew Center, New York  
The Renfrew Center, White Plains

**North Carolina**

Amanda Birkhead Nutrition Counseling LLC  
The Emily Program, Charlotte  
The Emily Program, Durham  
The Renfrew Center, Charlotte  
Young People's Alliance

**Ohio**

Lindner Center for Eating Disorders, Mason  
Odyssey Behavioral Healthcare, Dublin  
Odyssey Behavioral Healthcare, Mason  
Odyssey Behavioral Healthcare, Sylvania  
The Emily Program, Cleveland  
The Emily Program, Columbus

**Oregon**

Amanda Birkhead Nutrition Counseling LLC  
Monte Nido, West Linn  
Monte Nido, Eugene  
Monte Nido, Portland  
Monte Nido, Rainrock

**Pennsylvania**

Monte Nido, Philadelphia  
The Emily Program, Pittsburgh  
The Renfrew Center, Philadelphia  
The Renfrew Center, Pittsburgh  
The Renfrew Center, Radnor

**South Dakota**

Victus Counseling

**Tennessee**

Odyssey Behavioral Healthcare, Nashville  
The Renfrew Center, Nashville

**Texas**

Monte Nido, Houston

**Utah**

Center for Change

**Virginia**

Monte Nido, Clifton  
Monte Nido, Fairfax Station  
Monte Nido, Tysons Corner  
Odyssey Behavioral Healthcare, Glen Allen  
Odyssey Behavioral Healthcare, Manakin-Sabot  
Odyssey Behavioral Healthcare, Richmond  
Prosperity Eating Disorders and Wellness,  
Reston

**Washington**

The Emily Program, South Sound

The Emily Program, Spokane

The Emily Program, Seattle

Opal: Food + Body Wisdom, Seattle

**Wisconsin**

Inner Haven Wellness, Madison

Inner Haven Wellness, Neehah

CC: Chairwoman Baldwin, Ranking Member Capito, Chairman Aderholt, Chairman Heinrich, Ranking Member Hoeven, Chairman Harris, Ranking Member Bishop