

June 20, 2024

The Honorable Tammy Baldwin  
Chair, Senate Appropriations Committee  
Subcommittee on Labor, Health and Human  
Services, Education and Related Agencies  
S-128, The Capitol  
Washington, D.C. 20510

The Honorable Shelley Moore Capito  
Ranking Member, Senate Appropriations Committee  
Subcommittee on Labor, Health, and Human Services  
Education, and Related Agencies  
S-128, The Capitol  
Washington, D.C. 20510

The Honorable Robert Aderholt  
Chair, House Appropriations Committee  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
2358-B Rayburn House Office Building  
Washington, D.C. 20510

The Honorable Rosa DeLauro  
Ranking member, House Appropriations Committee  
Subcommittee on Labor, Health, and Human Services  
Education, and Related Agencies  
2358-B Rayburn House Office Building  
Washington, D.C. 20510

The Honorable Martin Heinrich  
Chair, Senate Appropriations Committee  
Subcommittee on Agriculture, Rural  
Development, FDA, and Related Agencies  
S-128, The Capitol  
Washington, D.C. 20510

The Honorable John Hoeven  
Ranking Member, Senate Appropriations Committee  
Subcommittee on Agriculture, Rural  
Development, FDA, and Related Agencies  
S-128, The Capitol  
Washington, D.C. 20510

The Honorable Andy Harris  
Chair, House Appropriations Committee  
Subcommittee on Agriculture, Rural  
Development, FDA, and Related Agencies  
2362-A Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Sanford Bishop  
Ranking Member, House Appropriations Committee  
Subcommittee on Agriculture, Rural  
Development, FDA, and Related Agencies  
2362-A Rayburn House Office Building  
Washington, D.C. 20515

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

On behalf of the following 139 national, state, and local organizations who support patients and families impacted by eating disorders, we urge you to address the increasingly critical public health issue of eating disorders in the United States. Unfortunately, no community is spared from the devastating impact of the serious mental illness of eating disorders including our service members, veterans, and youth. As you begin to work on the Fiscal Year (FY) 2025 Labor, Health and Human Services, and Education (LHHS) and the Agriculture, Rural Development, Food and Drug Administration and Related Agencies (Ag-FDA) Appropriations bills, we ask that you consider including 5 requests within the LHHS and Ag-FDA bills.

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 one in ten people 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

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

<sup>2</sup> South Carolina Department of Mental Health. Eating Disorder Statistics. (2019).

<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)

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.

The Food and Nutrition Service (FNS), the Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC), Office of the Secretary at the Department of Health and Human Services (HHS), and the Office on Women's Health (OWH) all play critical roles in monitoring eating disorder prevalence and enhancing access to early intervention and prevention.

We ask for your consideration of 5 bipartisan requests to support cost-effective policies to support your constituents impacted by eating disorders and their families.

## **Agriculture**

### **Food and Nutrition Service**

The Local School Wellness Policy (LSWP) requirement was established by the Child Nutrition and WIC Reauthorization Act of 2004 and further strengthened in 2010. Each local educational agency participating in the National School Lunch Program and/or School Breakfast Program must develop a LSWP that addresses physical activity, nutrition, and childhood obesity. Given the current adolescent mental health crisis, the current structure of Local School Wellness Policies that solely address physical activity and nutrition education does not provide a comprehensive approach to the wellbeing of students.

### **For these reasons, we urge the inclusion of 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**

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

In 2018 under the 21<sup>st</sup> Century Cures authorization, SAMHSA created the National Center of Excellence for Eating Disorders (NCEED) to provide training to health professionals across the nation. Bipartisan efforts in Congress reauthorized the center at \$1,000,000 for an additional five years within the Consolidated Appropriations Act, 2023 (P.L.117-328) to continue early detection and intervention for eating disorders with a focus on pediatric populations. NCEED at SAMHSA is best geared to lead the training of health care professionals across the nation, which supports its mandate.

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

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

**For this reason, we urge the inclusion of funding and report language for the National Center of Excellence for Eating Disorders to continue their provider training and create adaptive models for pediatric providers.**

*National Center of Excellence for Eating Disorders - The Committee continues to support SAMHSA's Center of Excellence for Eating Disorders to increase trainings for health professionals to screen, briefly intervene, and refer patients to treatment for the severe mental illness of eating disorders, as authorized under section 1131 of the Consolidated Appropriations Act, 2023 (PL 117-328). The Committee provides SAMHSA up to \$1,000,000 to maintain the National Center of Excellence for Eating Disorders, to train health care providers on eating disorders, including screening, brief intervention, referral, and treatment (SBIRT) training for health care professionals treating adults, adolescents, and children with eating disorders. The Committee asks for an update in the 2026 Congressional Budget Justification on the number, geographical location, and specialty type of trainings SAMHSA has conducted for health care professionals, how SAMHSA has coordinated with the Department of Defense and Veteran's Administration on training health care professionals on SBIRT, an update on the pediatric SBIRT training model for eating disorders, and resources and activities designed to support early interventions and care coordination for adults, adolescents and children with eating disorders.*

#### **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 multiple surveys. Youth mental health is currently in crisis, with emergency room admissions for eating disorders doubling in girls ages 12-17.<sup>6</sup> Unfortunately, understanding these trends and developing interventions are hampered given eating disorders surveillance questions were removed from the Youth Risk Behavior Surveillance System (YRBSS) in 2015 after 23 years. We applaud the LHHS subcommittees for taking swift action in FY24 to urge CDC to re-include one healthy weight control practice on the national survey. These questions are critical to address the current lack of preventative data to address the impact of rising rates of eating disorders behaviors amongst youth.

**For these reasons, we urge the inclusion of report language to ensure the CDC is meeting Congressional intent by re-including one standard unhealthy weight control practice back on the national survey.**

*Eating Disorders. — The Committee directs the CDC to provide a report to the Committee within 180 after the enactment of this Act detailing how the CDC has assisted States in collecting data by reincluding one standard question on unhealthy weight control practices for eating disorders in the Youth Risk Behavioral Surveillance System.*

#### **Office on Women's Health**

While eating disorders occurs in both men and women, females are at higher risk. In response to the alarming rise in eating disorders amongst adolescent females, the Office on Women's Health awarded \$1,000,000 in discretionary grants in 2022 to improve early detection and prevention of eating disorders in adolescent girls.<sup>7</sup> In FY24, the committee provided \$750,000 for eating disorder research to improve early intervention in eating disorders to help with recovery. We thank the Committee for including \$750,000 in FY24 for eating disorders research under the Office of the Assistant Secretary of Health

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<sup>6</sup> Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic. Radhakrishnan L, Leeb RT, Bitsko RH, et al. CDC. MMWR Morb Mortal Wkly 1:319-324. (2022).

<sup>7</sup> Assistant Secretary for Health. HHS awards nearly \$1 million to address eating disorders in adolescent girls. HHS.gov. (2022).

(OASH). This funding will continue to support early detection of eating disorders amongst women and girls to support recovery.

**For these reasons, we urge you to include the following funding and report language request for research for women and girls to support early detection and treatment of eating disorders.**

*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 the Office's efforts to address the rise in eating disorders amongst adolescent girls. The Committee provides \$1,500,000 with a focus on early detection and treatment protocols for women and girls with or at-risk of developing an eating disorder. The Committee encourages the Office to prioritize research projects to address the lack of pediatric and adolescent screening in the primary care and pediatrics settings. The Committee directs the Office to coordinate with outside organizations, eating disorders specialists, and other groups as deemed necessary by the Secretary to identify research needs of eating disorders amongst women and girls.*

### **Office of the Secretary**

In 2022, under the reauthorized Anna Westin Legacy Act, the Center of Excellence for Eating Disorders expanded assistance continuing to provide training and technical assistance to health care workers, teachers, and parents on identifying eating disorders and support patients in recovery. The SERVE Act was passed into law in 2021 through the FY22 NDAA, expanding the age limit to allow active-duty military spouses and children to receive higher levels of care for eating disorders. Demonstrating a large federal push to increase support for eating disorders for individuals like service members, veterans, children, and other high-risk populations.

**For these reasons, we urge the inclusion of funding and report language for the Interagency Coordinating Committee on Eating Disorders to serve as a critical checkpoint for agencies to collaborate on current work they are doing and reduce redundancies, if any, and expand efficiency.**

*Interagency Coordinating Committee on Eating Disorders - The Committee remains concerned about the rising rate of eating disorders in the United States. Eating disorders have the second highest mortality rate of any mental illness, however, 1 in 3 individuals affected remain undetected and untreated. The total economic cost of eating disorders is almost \$65 billion annually. The Committee has supported eating disorders research, prevention, intervention, and treatment across the federal government in previous fiscal years. The Committee includes \$750,000 for the Secretary to convene an Interagency Coordinating Committee on Eating Disorders to unify federal efforts to support eating disorders research, prevention, intervention, and treatment. The Coordinating Committee shall meet regularly and include the Administrators of HRSA, CDC, NIH, SAMHSA, CMS, the Indian Health Service, the Administrator of the Food and Nutrition Service, Department of Labor, and the Secretaries of the VA and DOD. The Coordinating Committee shall produce a report to the Committee on activities and outcomes, of the programs directed toward improving the lives of patients with eating disorders, supporting eating disorders research, eating disorders treatment and coverage, and educating providers on identifying eating disorders, including recommendations for the future. In developing the report, the Coordinating Committee shall consult with outside stakeholders with a specialty in eating disorders, on recommendations for better administration of existing federal programs to include eating disorders.*

We'd like to thank the committee for its support of eating disorders policy and research in previous fiscal years. Strong bipartisan support for eating disorders prevention, policy, and research will allow for lifesaving efforts for millions of your constituents and their families. We look forward to working with you in FY25 to bolster this support, which will make a profound difference for the millions of Americans and their families impacted by eating disorders.

Thank you for your consideration of these requests.

Sincerely,

**America**

Academy for Eating Disorders

Active Minds

Be Real USA

Eating Disorders Coalition for Research, Policy,  
& Action

Eating Recovery Center

Equip Health

Mental Health America

Middle Mental Health

Multi-Service Eating Disorders Association, Inc  
(MEDA)

National Alliance for Eating Disorders

National Center of Excellence for Eating  
Disorders

National Eating Disorders Association (NEDA)

Project HEAL

Strategic Training Initiative for the Prevention of  
Eating Disorders (STRIPED)

The International Federation of Eating Disorder  
Dietitians (IFEDD)

**Alaska**

Alaska Eating Disorders Alliance

**Arizona**

Northern Arizona University, Flagstaff

**California**

Bay Area Nutrition, LLC, Campbell

Eating Disorders Resource Center, Campbell

Eating Recovery Center, Irvine

Eating Recovery Center, Sacramento

Monte Nido Clementine, Agoura Hills

Monte Nido Clementine, Yorba Linda

Monte Nido, Agoura Hills

Monte Nido, East Bay

Monte Nido, Los Angeles

Monte Nido, Malibu

The Renfrew Center, Los Angeles

**Colorado**

ACUTE Center for Eating Disorders, Denver

Eating Recovery Center, Denver

Eating Recovery Center, Lowry

**Connecticut**

Monte Nido Walden, Middletown

**Delaware**

The Emilee Connection

**District of Columbia**

Rock Recovery

**Florida**

Monte Nido Clementine, Palmetto Bay

Monte Nido Clementine, South Miami

Monte Nido, Miami

The Renfrew Center, Coconut Creek

The Renfrew Center, Orlando

The Renfrew Center, West Palm Beach

### **Georgia**

Monte Nido Clementine, Sandy Springs

Monte Nido Walden, Atlanta

Monte Nido, Atlanta

National Eating Disorders Network

The Emily Program, Atlanta

The Renfrew Center, Atlanta

Veritas Collaborative, Atlanta

### **Illinois**

Eating Recovery Center, Chicago

Eating Recovery Center, Northbrook

Eating Recovery Center, Oak Brook

Monte Nido Clementine, Chicago

Monte Nido, Chicago

SunCloud Health, Chicago

The Renfrew Center, Chicago

### **Iowa**

Eating Disorder Coalition of Iowa

### **Kentucky**

Kentucky Eating Disorder Council

### **Maryland**

Eating Recovery Center, Baltimore

Eating Recovery Center, Bethesda

Rock Recovery

SunCloud Health, Gaithersburg

The Renfrew Center, Baltimore

The Renfrew Center, Bethesda

### **Massachusetts**

Gather Behavioral Health, Boston

Gather Behavioral Health, Brockton

Gather Behavioral Health, Lynn

Gather Behavioral Health, Quincy

Monte Nido Walden, Braintree

Monte Nido Walden, Dedham

Monte Nido Walden, Waltham

Monte Nido Walden, Westborough

Monte Nido, Boston

The Renfrew Center, Boston

### **Michigan**

Michigan Eating Disorder Alliance

### **Minnesota**

The Emily Program, Duluth

The Emily Program, St. Louis Park

The Emily Program, St. Paul

### **Missouri**

Missouri Eating Disorders Council

Monte Nido Clementine, St. Louis

Washington University Center for Healthy Weight and Wellness, St. Louis

### **New Hampshire**

National Eating Disorders Network

### **New Jersey**

Monte Nido Clementine, Cherry Hill

Monte Nido, Parsippany

The Renfrew Center, Mount Laurel

The Renfrew Center, Paramus

**New York**

Mone Nido, Irvington

Monte Nido Clementine, Briarcliff Manor

Monte Nido Clementine, South Salem

Monte Nido, Glen Cove

Monte Nido, Manhattan

Monte Nido, New York

Monte Nido, Rochester

Monte Nido, Westchester

The Emilee Connection

The Renfrew Center, New York

**North Carolina**

The Emily Program, Charlotte

The Emily Program, Durham

The Renfrew Center, Charlotte

Veritas Collaborative, Charlotte

Veritas Collaborative, Durham

**Ohio**

Eating Recovery Center, Cincinnati

Linder Center of HOPE, Mason

The Emily Program, Cleveland

The Emily Program, Columbus

**Oregon**

Amanda Birkhead Nutrition Counseling LLC,  
Salem

Monte Nido Clementine, 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 Carolina**

Village Counseling, Mount Pleasant

**South Dakota**

Victus Counseling, Sioux Falls

**Tennessee**

The Renfrew Center, Nashville

**Texas**

Eating Recovery Center, Austin

Eating Recovery Center, Dallas

Eating Recovery Center, Fort Worth

Eating Recovery Center, Houston

Eating Recovery Center, Plano

Eating Recovery Center, Round Rock

Eating Recovery Center, San Antonio

Eating Recovery Center, The Woodlands

Monte Nido, Houston

Monte Nido Clementine, Houston

**Utah**

Center for Change

**Virginia**

Monte Nido Clementine, Clifton

Monte Nido Clementine, Fairfax Station

Monte Nido, Tysons Corner

Rock Recovery

**Washington**

Eating Recovery Center, Bellevue

Eating Recovery Center, Seattle

Opal Food+Body Wisdom, Seattle

The Emily Program, Seattle

The Emily Program, South Sound

The Emily Program, Spokane

**Wisconsin**

Inner Haven Wellness, Madison

Inner Haven Wellness, Neenah