

111TH CONGRESS
1ST SESSION

H. R. 1193

To amend the Public Health Service Act with respect to eating disorders,
and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 25, 2009

Mr. KENNEDY (for himself and Mr. COURTNEY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Oversight and Government Reform, Education and Labor, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act with respect to
eating disorders, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Federal Response to
5 Eliminate Eating Disorders Act of 2009”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. Findings.

Sec. 4. Definition.

TITLE I—RESEARCH

Sec. 101. Activities to improve eating disorder-related research and funding.
 Sec. 102. Eating disorders surveillance and research program.

TITLE II—EDUCATION AND PREVENTION

Sec. 201. Study of mandatory BMI reporting in school.
 Sec. 202. Training and education.
 Sec. 203. Health professional education and training.
 Sec. 204. Education and training for all health professionals.
 Sec. 205. Education and training for school and higher education professionals.
 Sec. 206. Eating disorder research and report.
 Sec. 207. Public service announcements.
 Sec. 208. Sense of Congress.

TITLE III—TREATMENT

Sec. 301. Coverage for treatment for eating disorders under group health plans, individual health insurance coverage, and FEHBP.

1 **SEC. 3. FINDINGS.**

2 The Congress finds as follows:

3 (1) Risk of death among individuals with ano-
 4 rexia nervosa is 11 times greater than their same
 5 age peers without anorexia.

6 (2) Health consequences such as osteoporosis
 7 (brittle bones), gastrointestinal complications, and
 8 dental problems are significant health and financial
 9 burdens throughout life.

10 (3) An estimated 5,000,000 to 10,000,000
 11 women and girls and 1,000,000 men and boys suffer
 12 from eating disorders, including anorexia nervosa,
 13 bulimia nervosa, and eating disorders not otherwise
 14 specified (EDNOS) (including binge eating dis-
 15 order). The lifetime prevalence of all eating dis-
 16 orders in America is 0.6 to 4.5 percent.

1 (4) Anorexia nervosa is an eating disorder char-
2 acterized by self-starvation and excessive weight loss.
3 An estimated 0.9 percent of American women and
4 0.3 percent of American men will suffer from ano-
5 rexia nervosa in their lifetime.

6 (5) Anorexia nervosa is associated with serious
7 health consequences including heart failure, kidney
8 failure, osteoporosis, and death.

9 (6) Bulimia nervosa is an eating disorder char-
10 acterized by excessive food consumption followed by
11 inappropriate compensatory behaviors, such as self-
12 induced vomiting, misuse of laxatives, fasting, or ex-
13 cessive exercise. An estimated 1.5 percent of Amer-
14 ican women and 0.5 percent of American men will
15 suffer from this disorder in their lifetime.

16 (7) Bulimia nervosa is associated with cardiac,
17 gastrointestinal, and dental problems including ir-
18 regular heartbeats, gastric rupture, peptic ulcer,
19 tooth decay, and death.

20 (8) Binge eating disorder is characterized by
21 frequent episodes of uncontrolled overeating. Binge
22 eating disorder is common: an estimated 3.5 percent
23 of American women and 2.0 percent of American
24 men will suffer from this disorder in their lifetime.

1 (9) Binge eating is associated with obesity,
2 heart disease, gall bladder disease, and diabetes.

3 (10) Many more suffer from some, but not all,
4 of the symptoms of anorexia nervosa, bulimia
5 nervosa, or binge eating disorder, which is referred
6 to as eating disorders not otherwise specified
7 (EDNOS). Between 4 percent and 20 percent of
8 young women practice unhealthy patterns of dieting,
9 purging, and binge eating.

10 (11) Eating disorders are more common in
11 women, but they do occur in men. Rates of binge
12 eating disorder are similar in females and males.

13 (12) Eating disorders usually appear in adoles-
14 cence and are associated with substantial psycho-
15 logical problems, including depression, substance
16 abuse, and suicide. Eating disorders also develop in
17 younger children and adults, compromising health
18 and daily functioning.

19 (13) Eating disorders are found across races,
20 ethnicities, and socioeconomic groups in the United
21 States. White females are more likely to suffer from
22 anorexia, while African-American girls are especially
23 vulnerable to developing eating disorders that involve
24 binge eating. Body dissatisfaction in young girls has

1 been shown in white, African-American, Hispanic,
2 and Asian girls.

3 **SEC. 4. DEFINITION.**

4 In this Act, the term “eating disorder” includes ano-
5 rexia nervosa, bulimia nervosa, and eating disorders not
6 otherwise specified (EDNOS) (including binge eating dis-
7 order), as defined in the fourth edition of “Diagnostic and
8 Statistical Manual of Mental Disorders” or such later edi-
9 tion as the Secretary may specify.

10 **TITLE I—RESEARCH**

11 **SEC. 101. ACTIVITIES TO IMPROVE EATING DISORDER-RE-**
12 **LATED RESEARCH AND FUNDING.**

13 Title IV of the Public Health Service Act (42 U.S.C.
14 281 et seq.) is amended by adding at the end the fol-
15 lowing:

16 **“PART J—EATING DISORDER-RELATED**
17 **ACTIVITIES**

18 **“SEC. 499A. AUTHORITY OF THE DIRECTOR OF THE NA-**
19 **TIONAL INSTITUTES OF HEALTH RELATING**
20 **TO EATING DISORDERS.**

21 “(a) IDENTIFYING TOTAL EXPENDITURES ON EAT-
22 ING DISORDERS.—The Director of NIH, in coordination
23 with the National Institute of Mental Health, the Office
24 of Research on Women’s Health, and other institutes of
25 the National Institutes of Health, shall identify the total

1 amount of expenditures, both intramural and extramural,
2 by the National Institutes of Health for eating disorders
3 for each of fiscal years 2007 and 2008.

4 “(b) BUDGET FOR EATING DISORDERS RESEARCH
5 AND COORDINATION OF ACTIVITIES AND PROGRAMS.—

6 The Director of NIH, based on the strategic plan devel-
7 oped under subsection (c), shall—

8 “(1) develop and oversee the implementation of
9 a scientifically justified budget for research on eat-
10 ing disorders at the National Institutes of Health;

11 “(2) coordinate all research activities and pro-
12 grams on eating disorders at the institutes, centers,
13 and divisions of the National Institutes of Health;
14 and

15 “(3) evaluate all such activities and programs.

16 “(c) STRATEGIC PLAN FOR EATING DISORDERS RE-
17 SEARCH.—

18 “(1) IN GENERAL.—The Director of NIH shall
19 develop, in consultation with leading eating disorder
20 researchers, and oversee the implementation of a
21 comprehensive, long-range plan for the conduct and
22 support of research on eating disorders by the insti-
23 tutes, centers, and divisions of the National Insti-
24 tutes of Health.

1 “(2) REQUIREMENTS.—The plan developed
2 under paragraph (1) shall—

3 “(A) be updated on an annual basis;

4 “(B) identify critical scientific questions
5 related to eating disorders and establish prior-
6 ities among such questions;

7 “(C) based on the priorities established
8 under subparagraph (B), specify the short- and
9 long-range objectives to be achieved, and esti-
10 mate the resources needed to achieve these ob-
11 jectives;

12 “(D) evaluate the sufficiency of existing re-
13 search programs on eating disorders to meet
14 the objectives specified under subparagraph (C),
15 and establish objectives, timelines, and criteria
16 for evaluating future research programs;

17 “(E) be coordinated with the activities of
18 the centers of excellence receiving funds under
19 section 499B(b); and

20 “(F) make recommendations for changes
21 to existing research programs on eating dis-
22 orders.

23 “(d) BUDGETARY AUTHORITY.—

24 “(1) IN GENERAL.—The Director of NIH
25 shall—

1 “(A) in accordance with the strategic plan
2 developed under subsection (c), annually pre-
3 pare and submit to Congress a scientifically jus-
4 tified budget estimate for research on eating
5 disorders to be conducted within the agencies of
6 the National Institutes of Health, which shall
7 include the amount of funds that will be re-
8 quired for—

9 “(i) the continued funding of ongoing
10 discretionary program initiatives at the in-
11 stitutes, centers, and divisions of the Na-
12 tional Institutes of Health; and

13 “(ii) the funding of new and com-
14 plementary program initiatives; and

15 “(B) receive all research funds for eating
16 disorders described in subparagraph (A), and
17 allocate those funds to the institutes, centers,
18 and divisions of the National Institutes of
19 Health.

20 “(2) EFFECTIVE DATE.—Paragraph (1)(B)
21 shall become effective in the fiscal year following the
22 submission of the eating disorder budget described
23 in paragraph (1)(A).

24 “(e) EVALUATION AND REPORT.—

1 “(1) EVALUATION.—The Director of NIH shall
2 evaluate the effect of this section on the planning
3 and coordination of research programs on eating dis-
4 orders at the institutes, centers, and divisions of the
5 National Institutes of Health, and the extent to
6 which funding mandated under this section has fol-
7 lowed the recommendation of the strategic plan de-
8 veloped under subsection (c).

9 “(2) REPORT.—Not later than 1 year after the
10 date of enactment of this section, the Director of
11 NIH shall prepare and submit to the Committee on
12 Energy and Commerce and the Committee on Ap-
13 propriations of the House of Representatives, and
14 the Committee on Health, Education, Labor, and
15 Pensions and the Committee on Appropriations of
16 the Senate, a report based on the evaluation de-
17 scribed in paragraph (1).

18 “(f) DEFINITIONS.—In this part, the term ‘eating
19 disorder’ includes anorexia nervosa, bulimia nervosa, binge
20 eating disorder, and eating disorders not otherwise speci-
21 fied (EDNOS), as defined in the fourth edition of ‘Diag-
22 nostic and Statistical Manual of Mental Disorders’.

1 **“SEC. 499B. EXPANSION, INTENSIFICATION, AND COORDI-**
2 **NATION OF ACTIVITIES OF NATIONAL INSTI-**
3 **TUTES OF HEALTH WITH RESPECT TO RE-**
4 **SEARCH ON EATING DISORDERS.**

5 “(a) IN GENERAL.—

6 “(1) EXPANSION OF ACTIVITIES.—The Director
7 of NIH shall expand, intensify, and coordinate the
8 activities of the National Institutes of Health with
9 respect to research on eating disorders.

10 “(2) ADMINISTRATION OF PROGRAM; COORDI-
11 NATION AMONG AGENCIES.—The Director of NIH
12 shall carry out this section acting through the Direc-
13 tor of the National Institute of Mental Health, and
14 in collaboration with the Director of the Eunice
15 Kennedy Shriver National Institute of Child Health
16 and Human Development, the Director of the Na-
17 tional Institute of Diabetes and Digestive and Kid-
18 ney Diseases, the Director of the Office of Research
19 on Women’s Health, and any other agencies or of-
20 fices of the National Institutes of Health that the
21 Director determines appropriate.

22 “(3) TASK FORCE.—

23 “(A) ESTABLISHMENT.—Before making
24 grants under subsection (b) for centers of excel-
25 lence, the Director of NIH shall establish a

1 task force (in this paragraph referred to as the
2 ‘task force’) consisting of—

3 “(i) representatives of the institutes,
4 centers, and divisions of the National Insti-
5 tutes of Health, as determined appropriate
6 by the Director;

7 “(ii) eating disorders researchers, cli-
8 nicians, and patient advocacy groups; and

9 “(iii) the general public.

10 “(B) DUTIES.—The task force shall—

11 “(i) assist researchers in developing
12 applications and applying for grants and
13 contracts to be awarded by centers of ex-
14 cellence described in subsection (b);

15 “(ii) conduct a thorough examination
16 of the field of eating disorders, create a list
17 of priorities for eating disorders research,
18 and develop a matrix of action items for
19 such research; and

20 “(iii) conduct meetings to address
21 issues with respect to eating disorders re-
22 search, including guiding principles of cen-
23 ters of excellence under subsection (b); de-
24 velopment of strategic research priorities;
25 strategies for recruiting new scientists into

1 the field of eating disorders and providing
2 them with high-quality training; priorities
3 and best practices for basic research, clin-
4 ical research, treatment research, and pre-
5 vention research; and development of a re-
6 search infrastructure nationwide.

7 “(b) CENTERS OF EXCELLENCE.—

8 “(1) IN GENERAL.—In carrying out subsection
9 (a)(1), the Director of NIH shall award grants and
10 contracts to public or nonprofit private entities, in-
11 cluding universities, to pay all or part of the cost of
12 planning, establishing, improving, and providing
13 basic operating support for centers of excellence re-
14 garding research on eating disorders and training to
15 perform research on eating disorders.

16 “(2) RESEARCH.—

17 “(A) IN GENERAL.—Each center of excel-
18 lence that receives funding under paragraph (1)
19 shall conduct basic research, clinical research,
20 or both into eating disorders.

21 “(B) REQUIREMENTS.—The research con-
22 ducted by a center of excellence pursuant to
23 subparagraph (A)—

24 “(i) shall be designed to improve un-
25 derstanding of the etiology, early identi-

1 fication, prevention, best treatment, med-
2 ical and psychological sequelae of and re-
3 covery from eating disorders;

4 “(ii) shall be conducted in the fields of
5 basic, clinical, prevention, and intervention
6 sciences; and

7 “(iii) should include—

8 “(I) studies clarifying the
9 nosology and assessment of eating dis-
10 orders;

11 “(II) investigations to determine
12 the biological, psychosocial, and be-
13 havioral risk factors that might ap-
14 pear in early childhood;

15 “(III) studies of promising treat-
16 ments for eating disorders;

17 “(IV) evaluation of prevention
18 programs for eating disorders; and

19 “(V) studies of the medical, psy-
20 chological, and social sequelae of eat-
21 ing disorders.

22 “(C) EQUAL REPRESENTATION OF RE-
23 SEARCH AREAS.—In awarding grants and con-
24 tracts under paragraph (1), the Director of
25 NIH shall, to the extent practicable and appro-

1 appropriate, ensure that each of the research areas
2 required by clauses (i) and (ii) of subparagraph
3 (B) are equally represented.

4 “(3) TRAINING TO PERFORM EATING DIS-
5 ORDERS RESEARCH.—Each center of excellence that
6 receives funding under paragraph (1) shall provide
7 at least 3 positions for doctoral level and post-doc-
8 toral level research trainees.

9 “(4) SERVICES FOR PATIENTS.—

10 “(A) IN GENERAL.—A center of excellence
11 that receives funding under paragraph (1) may
12 expend amounts provided under a grant or con-
13 tract under such paragraph to carry out a pro-
14 gram to make individuals aware of opportuni-
15 ties to participate as subjects in research con-
16 ducted by the centers.

17 “(B) REFERRALS AND COSTS.—A program
18 carried out under subparagraph (A) may, in ac-
19 cordance with such criteria as the Director of
20 NIH may establish, provide to the subjects de-
21 scribed in such subparagraph, referrals for
22 health, mental health, and other services, and
23 such patient care costs as are required for re-
24 search.

1 “(C) AVAILABILITY AND ACCESS.—The ex-
2 tent to which a center of excellence that re-
3 ceives funding under paragraph (1) can dem-
4 onstrate availability and access to clinical serv-
5 ices shall be considered by the Director of NIH
6 in decisions about awarding grants or contracts
7 to applicants that meet the scientific criteria for
8 funding under this section.

9 “(5) COORDINATION OF CENTERS OF EXCEL-
10 LENCE.—

11 “(A) IN GENERAL.—The Director of the
12 National Institute of Mental Health shall, as
13 appropriate, provide for the coordination of in-
14 formation among centers of excellence that re-
15 ceive funding under paragraph (1) and ensure
16 regular communication between such centers.

17 “(B) PERIODIC REPORTS.—The Director
18 of the National Institute of Mental Health may
19 require the periodic preparation of reports on
20 the activities of centers of excellence that re-
21 ceive funding under paragraph (1) and the sub-
22 mission of such reports to the Director.

23 “(C) COLLECTION AND STORAGE OF
24 DATA.—The Director of the National Institute
25 of Mental Health shall establish and fund

1 mechanisms and entities for collecting, storing,
2 and coordinating data collected by centers of
3 excellence that receive funding under paragraph
4 (1) and data generated from public and private
5 research partnerships.

6 “(6) ORGANIZATION.—Each center of excellence
7 that receives funding under paragraph (1) shall use
8 the facilities of a single institution, or be formed
9 from a consortium of cooperating institutions, meet-
10 ing such requirements as may be prescribed by the
11 Director of NIH.

12 “(7) NUMBER; DURATION; ADDITIONAL PERI-
13 ODS.—

14 “(A) IN GENERAL.—The Director of NIH
15 shall provide for the establishment of not fewer
16 than 3 centers of excellence under paragraph
17 (1).

18 “(B) DURATION.—Except as provided in
19 subparagraph (C), a grant or contract awarded
20 under paragraph (1) shall not exceed a period
21 of 5 years.

22 “(C) ADDITIONAL PERIODS.—

23 “(i) EXTENSION.—The period of a
24 grant or contract awarded under para-
25 graph (1) may be extended 1 or more addi-

1 tional periods not exceeding a total of 5
2 years if the operations of the center of ex-
3 cellence involved have been reviewed by an
4 appropriate technical and scientific peer
5 review group (including investigators from
6 the field of eating disorders) established by
7 the Director of NIH and the group has
8 recommended to the Director that such pe-
9 riod should be extended.

10 “(ii) AMOUNT.—The amount of any
11 grant or contract under paragraph (1) for
12 an additional period described in clause (i)
13 shall not exceed \$2,000,000 per fiscal year.

14 “(D) PUBLIC INPUT.—In carrying out this
15 section, the Director of NIH shall provide for a
16 means through which the public can obtain in-
17 formation on the existing and planned pro-
18 grams and activities of the National Institutes
19 of Health with respect to eating disorders and
20 through which the Director can receive com-
21 ments from the public regarding such programs
22 and activities.

23 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated to carry out this section,
25 \$20,000,000 for each of fiscal years 2010 through 2014.

1 Amounts appropriated under this subsection shall be in
2 addition to any other amounts appropriated for such pur-
3 pose.

4 **“SEC. 499C. COLLABORATIVE PROGRAMS OF RESEARCH IN**
5 **EATING DISORDERS.**

6 “(a) IN GENERAL.—The Director of NIH, acting
7 through the Director of the National Institute of Mental
8 Health, the Director of the National Institute of Diabetes
9 and Digestive and Kidney Diseases, the Director of the
10 Eunice Kennedy Shriver National Institute of Child
11 Health and Human Development, the Director of the Of-
12 fice of Research on Women’s Health, and any other agen-
13 cies or offices of the National Institutes of Health that
14 the Director determines appropriate, in consultation with
15 leading eating disorders researchers and clinicians, shall
16 award grants and contracts to public or nonprofit private
17 entities to pay all or part of the cost of planning, estab-
18 lishing, improving, and providing basic operating support
19 for collaborative programs of research in eating disorders.

20 “(b) RESEARCH.—Each program established under
21 subsection (a)—

22 “(1) shall conduct basic research, clinical re-
23 search, or both into eating disorders; and

1 “(2) should conduct investigations into the
2 cause, diagnosis, early detection, prevention and
3 treatment of and recovery from eating disorders.

4 “(c) COORDINATION OF PROGRAMS.—

5 “(1) IN GENERAL.—The Director of NIH shall,
6 as appropriate, provide for the coordination of infor-
7 mation among programs established under sub-
8 section (a), and centers of excellence that receive
9 funding under section 499B, and ensure regular
10 communication between such programs and centers.

11 “(2) PERIODIC REPORTS.—The Director of
12 NIH may require the periodic preparation of reports
13 on the activities of the programs established under
14 subsection (a) and the submission of such reports to
15 the Director.

16 “(3) COLLECTION AND STORAGE OF DATA.—
17 The Director of NIH shall establish and fund mech-
18 anisms and entities for collecting, storing, and co-
19 ordinating data collected by the programs estab-
20 lished under subsection (a) and data generated from
21 public and private research partnerships.

22 “(d) ORGANIZATION.—Each program that receives
23 funding under subsection (a) shall be formed from a con-
24 sortium of cooperating institutions, meeting such require-
25 ments as may be prescribed by the Director of NIH.

1 “(e) NUMBER AND DURATION.—

2 “(1) IN GENERAL.—The Director shall provide
3 for the establishment of not fewer than 4 programs
4 under subsection (a).

5 “(2) DURATION.—Except as provided in para-
6 graph (3), a grant or contract awarded under sub-
7 section (a) shall not exceed a period of 5 years.

8 “(3) ADDITIONAL PERIODS.—

9 “(A) EXTENSION.—The period of a grant
10 or contract awarded under subsection (a) may
11 be extended for 1 or more additional periods
12 not exceeding 5 years if the operations of the
13 program involved have been reviewed by an ap-
14 propriate technical and scientific peer review
15 group established by the Director of NIH and
16 the group has recommended to the Director
17 that such period should be extended.

18 “(B) AMOUNT.—The amount of any grant
19 or contract under subsection (a) for an addi-
20 tional period described in subparagraph (A)
21 shall not exceed \$2,000,000 per fiscal year.

22 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-
23 tion shall be construed as precluding or otherwise affecting
24 funding for any research on eating disorders in addition
25 to the research funded under this section.

1 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 \$20,000,000 for each of fiscal years 2010 through 2014.
4 Amounts appropriated under this subsection shall be in
5 addition to any other amounts appropriated for such pur-
6 pose.”.

7 **SEC. 102. EATING DISORDERS SURVEILLANCE AND RE-**
8 **SEARCH PROGRAM.**

9 Title III of the Public Health Service Act (42 U.S.C.
10 241 et seq.) is amended by adding at the end thereof the
11 following:

12 **“PART S—PROGRAMS RELATING TO EATING**
13 **DISORDERS**

14 **“SEC. 399FF. EATING DISORDERS SURVEILLANCE AND RE-**
15 **SEARCH PROGRAM.**

16 “(a) NATIONAL EATING DISORDERS SURVEILLANCE
17 PROGRAM.—

18 “(1) IN GENERAL.—The Secretary, acting
19 through the Director of the Centers for Disease
20 Control and Prevention and in consultation with
21 leading eating disorders researchers and clinicians—

22 “(A) shall provide for the collection, anal-
23 ysis, and reporting of epidemiological data on
24 eating disorders through the existing surveil-

1 lance programs of the Centers, such as the Be-
2 havioral Risk Factor Surveillance System;

3 “(B) shall make recommendations to en-
4 hance existing surveillance programs of the
5 Centers, such as the Behavioral Risk Factor
6 Surveillance System, to more accurately collect
7 epidemiological data on disordered eating and
8 eating disorders;

9 “(C) may award grants and cooperative
10 agreements and may provide direct technical as-
11 sistance to eligible entities for the collection,
12 analysis, and reporting of such data; and

13 “(D) shall examine and improve require-
14 ments for reporting deaths on death certificates
15 to accurately account for those cases in which
16 an eating disorder is the underlying or contrib-
17 uting cause of death.

18 “(2) ELIGIBILITY.—To be eligible to receive a
19 grant or cooperative agreement under paragraph
20 (1)(B), an entity shall be a public or nonprofit pri-
21 vate entity (including a health department of a State
22 or political subdivisions of a State, a university, or
23 any other educational institution), and submit to the
24 Secretary an application at such time, in such man-

1 ner, and containing such information as the Sec-
2 retary may require.

3 “(b) CENTER OF EATING DISORDERS EPIDEMI-
4 OLOGY.—

5 “(1) IN GENERAL.—The Secretary, acting
6 through the Director of the Centers for Disease
7 Control and Prevention, shall establish a Center of
8 Eating Disorders Epidemiology for the purpose of
9 collecting and analyzing information on—

10 “(A) the number, incidence, incidence
11 trends over time, correlates, mortality, and
12 causes of eating disorders;

13 “(B) the effects of eating disorders on
14 quality of life, including disability adjusted life
15 years (DALY) and quality adjusted life years
16 (QALY); and

17 “(C) economic analysis of the costs of eat-
18 ing disorders in the United States, including
19 years of productive life lost, missed days of
20 work, reduced work productivity, costs of med-
21 ical and mental health treatment, prescriptions,
22 other medications, hospitalizations, costs of
23 medical and psychiatric comorbidities, costs to
24 family, and costs to society.

1 “(2) GRANTS; COOPERATIVE AGREEMENTS.—
2 The Center of Eating Disorders Epidemiology under
3 paragraph (1) shall be established and operated
4 through the awarding of grants or cooperative agree-
5 ments to one or more public or nonprofit private en-
6 tities that conduct research, which may include a
7 university or other educational entity.

8 “(3) REQUIREMENTS.—To be eligible to receive
9 a grant or cooperative agreement under paragraph
10 (2), an entity shall submit to the Secretary an appli-
11 cation containing such agreements and information
12 as the Secretary may require, including an agree-
13 ment that the Center of Eating Disorders Epidemi-
14 ology will operate in accordance with the following:

15 “(A) The Center will collect, analyze, and
16 report eating disorders data according to guide-
17 lines prescribed by the Director of the Centers
18 for Disease Control and Prevention, after con-
19 sultation with relevant State and local public
20 health officials, private sector eating disorder
21 researchers and clinicians, and advocates for
22 those with eating disorders.

23 “(B) The Center will assist with the devel-
24 opment and coordination of State eating dis-
25 orders surveillance efforts within a region.

1 “(C) The Center will identify eligible cases
2 and controls through its surveillance systems
3 and conduct research into factors which may
4 cause or increase the risk of eating disorders.

5 “(D) The Center will develop or extend an
6 area of special research expertise (including ge-
7 netics, environmental exposures, and other rel-
8 evant research specialty areas).

9 “(e) CLEARINGHOUSE.—The Secretary, acting
10 through the Director of the Centers for Disease Control
11 and Prevention and in consultation with leading eating
12 disorders researchers and clinicians, shall carry out the
13 following:

14 “(1) ESTABLISHMENT.—The Secretary shall es-
15 tablish a clearinghouse within the Centers for Dis-
16 ease Control and Prevention for the collection and
17 storage of data generated from the monitoring pro-
18 grams established under this section and part J of
19 title IV. Through the clearinghouse, the Centers for
20 Disease Control and Prevention shall serve as the
21 coordinating agency for eating disorders surveillance
22 activities. The functions of such clearinghouse shall
23 include facilitating the coordination of research and
24 policy development relating to the prevention, treat-
25 ment, and epidemiology of eating disorders.

1 “(2) FACILITATION OF RESEARCH.—The Sec-
2 retary shall provide for the establishment of a pro-
3 gram under which samples of tissues and genetic
4 and other biological materials that are of use in re-
5 search on eating disorders are donated, collected,
6 preserved, and made available for such research.
7 Such program shall be carried out in accordance
8 with accepted scientific and medical standards for
9 the donation, collection, and preservation of such
10 samples, and shall be conducted so that the tissues
11 and other materials saved, as well as any database
12 compiled from such tissues and materials, are avail-
13 able to researchers at a reasonable cost.

14 “(3) COORDINATION.—The Centers for Disease
15 Control and Prevention shall coordinate research
16 and surveillance activities of such Centers with the
17 National Institutes of Health, other appropriate
18 Federal agencies, and interested nonprofit private
19 entities, which shall be updated as determined ap-
20 propriate by the Secretary.

21 “(d) DEFINITION.—In this section, the term ‘eating
22 disorder’ includes anorexia nervosa, bulimia nervosa, binge
23 eating disorder, and eating disorders not otherwise speci-
24 fied (EDNOS), as defined in the fourth edition of ‘Diag-
25 nostic and Statistical Manual of Mental Disorders’.

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 \$2,000,000 for each of fiscal years 2010 through 2014.”.

4 **TITLE II—EDUCATION AND**
5 **PREVENTION**

6 **SEC. 201. STUDY OF MANDATORY BMI REPORTING IN**
7 **SCHOOL.**

8 Not later than 1 year after the date of the enactment
9 of this Act, the Director of the Centers for Disease Control
10 and Prevention, in consultation with the Secretary of Edu-
11 cation and leading eating disorders researchers and clini-
12 cians, shall conduct a study and submit a report to the
13 Congress on—

14 (1) measuring the body mass index (in this sec-
15 tion referred to as “BMI”) of students for those
16 schools (at any level including pre-schools, kinder-
17 gartens, elementary schools, secondary schools, and
18 institutions of higher education) that are measuring
19 the BMI of students;

20 (2) the impacts (both positive and negative) on
21 students of such measures, including unhealthy
22 weight control behaviors, perceptions of body image,
23 eating disorder symptoms, and the incidence of teas-
24 ing or bullying based on body size; and

1 (3) the impacts (both positive and negative) of
2 reporting the results of such measures to the par-
3 ents of such students.

4 **SEC. 202. TRAINING AND EDUCATION.**

5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services, acting through the Director of the Office
7 on Women’s Health of the Department of Health and
8 Human Services and in consultation with the Secretary
9 of Education and with the Task Force for Health Profes-
10 sions established under section 399Z(b) of the Public
11 Health Service Act (as added by section 203(a)(2) of this
12 Act), shall—

13 (1) expand the BodyWise Handbook and re-
14 lated fact sheets and resource lists available on the
15 public Internet site of the National Women’s Health
16 Information Center sponsored by the Office on
17 Women’s Health, to include—

18 (A) updated findings and conclusions as
19 needed; and

20 (B) thorough information about eating dis-
21 orders relating to males as well as females;

22 (2) incorporate, as appropriate, information
23 from such BodyWise Handbook and related facts
24 sheets and resource lists into the curriculum of the
25 BodyWorks obesity prevention program developed by

1 the Office on Women’s Health and training modules
2 used in such obesity prevention program; and

3 (3) promote and make publicly available
4 (whether through a public Internet site or other
5 method that does not impose a fee on users) the
6 BodyWise Handbook and related fact sheets and re-
7 source lists, as updated under paragraph (1), and
8 the BodyWorks obesity prevention program, as up-
9 dated under paragraph (2), including for purposes of
10 educating universities and nonprofit entities on eat-
11 ing disorders.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
13 authorized to be appropriated such sums as may be nec-
14 essary to carry out subsection (a).

15 **SEC. 203. HEALTH PROFESSIONAL EDUCATION AND TRAIN-**
16 **ING.**

17 (a) TASK FORCE ON EATING DISORDERS.—Section
18 399Z of the Public Health Service Act (42 U.S.C. 280h–
19 3) is amended—

20 (1) by redesignating subsection (b) as sub-
21 section (d); and

22 (2) by inserting after subsection (a) the fol-
23 lowing new subsections:

24 “(b) TASK FORCE ON EATING DISORDERS.—

1 “(1) ESTABLISHMENT.—The Secretary, acting
2 through the Administrator of the Health Resources
3 and Services Administration and one or more of the
4 centers of excellence receiving funds under section
5 499B(b), shall establish a Task Force for Health
6 Professions (in this subsection referred to as the
7 ‘task force’) comprised of experts in the field of eat-
8 ing disorders (including researchers, clinicians, care
9 providers, and experts in eating disorders education
10 and prevention), individuals with eating disorders,
11 and individuals with family members who have eat-
12 ing disorders.

13 “(2) DUTIES.—The task force shall—

14 “(A) develop, based on the BodyWise
15 Handbook and related fact sheets and resource
16 lists available on the public Internet site of the
17 National Women’s Health Information Center
18 sponsored by the Office on Women’s Health of
19 the Department of Health and Human Services
20 and updated under section 202(a)(1) of the
21 Federal Response to Eliminate Eating Dis-
22 orders Act of 2009, an evidence-based or
23 emerging best-practices training program for
24 health professionals on eating disorders; and

1 “(B) award grants for implementation of
2 such evidence-based training program; and

3 “(C) provide training and technical assist-
4 ance to grant recipients.

5 “(3) REPORT.—Not later than 6 years after the
6 date of the enactment of this subsection, the task
7 force shall submit to the Congress and make publicly
8 available a report on the training program developed
9 under paragraph (2) and the results achieved
10 through grants awarded for implementation of such
11 program.

12 “(e) DEFINITION.—In this section, the term ‘eating
13 disorder’ has the meaning given such term in section
14 399F.”; and

15 (3) by amending subsection (d) (as so redesign-
16 ated) to read as follows:

17 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated—

19 “(1) to carry out subsection (a), such sums as
20 may be necessary for each of fiscal years 2010
21 through 2014; and

22 “(2) to carry out subsection (b), \$10,000,000
23 for fiscal year 2010 and such sums as may be nec-
24 essary for each of fiscal years 2011 through 2014.”.

1 (b) PREFERENCE IN MAKING GRANTS TO SCHOOLS
2 OF MEDICINE.—Section 747(c)(3) of the Public Health
3 Service Act (42 U.S.C. 293k(c)(3)) is amended by striking
4 “and victims of domestic violence” and inserting “victims
5 of domestic violence, and individuals who suffer from eat-
6 ing disorders (as such term is defined in section 399FF)”.

7 **SEC. 204. EDUCATION AND TRAINING FOR ALL HEALTH**
8 **PROFESSIONALS.**

9 Section 399Z of the Public Health Service Act (42
10 U.S.C. 280h–3), as amended by section 203(a), is further
11 amended—

12 (1) by redesignating subsections (c) and (d) as
13 subsections (d) and (e), respectively;

14 (2) by inserting after subsection (b) the fol-
15 lowing new subsection:

16 “(c) GRANTS REGARDING EATING DISORDERS.—

17 “(1) IN GENERAL.—The Secretary may award
18 grants to eligible entities to integrate training into
19 existing curricula for primary care physicians and
20 other licensed or certified health and mental health
21 professionals on how to identify, refer, treat, and
22 prevent eating disorders and aid individuals who suf-
23 fer from eating disorders.

24 “(2) APPLICATION.—An entity that desires a
25 grant under this subsection shall submit to the Sec-

1 retary an application at such time, in such manner,
2 and containing such information as the Secretary
3 may require, including a plan for the use of funds
4 that may be awarded and an evaluation of the train-
5 ing that will be provided.

6 “(3) USE OF FUNDS.—An entity that receives
7 a grant under this subsection shall use the funds
8 made available through such grant to—

9 “(A) use the training program developed
10 by the Task Force for Health Professions under
11 subsection (b)(2)(A), evidence-based findings,
12 promising emerging best practices, or rec-
13 ommendations that pertain to the prevention
14 and treatment of eating disorders to conduct
15 educational training and conferences, including
16 Internet-based courses and teleconferences,
17 on—

18 “(i) how to treat or prevent eating
19 disorders;

20 “(ii) how to discuss varied strategies
21 with patients from at-risk and diverse pop-
22 ulations to promote positive behavior
23 change and healthy lifestyles to prevent
24 eating disorders;

1 “(iii) how to identify individuals with
2 eating disorders, and those who are at risk
3 for suffering from eating disorders and,
4 therefore, at risk for related serious and
5 chronic medical and mental health condi-
6 tions; and

7 “(iv) how to conduct a comprehensive
8 assessment of individual and familial
9 health risk factors; and

10 “(B) evaluate and report to the Task
11 Force for Health Professions on the effective-
12 ness of the training provided by such entity in
13 increasing knowledge and changing attitudes
14 and behaviors of trainees.”; and

15 (3) in subsection (e) (as so redesignated)—

16 (A) in paragraph (1), at the end by strik-
17 ing “and”;

18 (B) in paragraph (2), at the end by strik-
19 ing the period and inserting “; and”; and

20 (C) by adding at the end the following new
21 paragraph:

22 “(3) to carry out subsection (c), \$10,000,000
23 for fiscal year 2010 and such sums as may be nec-
24 essary for each of fiscal years 2011 through 2014.”.

1 **SEC. 205. EDUCATION AND TRAINING FOR SCHOOL AND**
2 **HIGHER EDUCATION PROFESSIONALS.**

3 (a) **TASK FORCE ON EATING DISORDERS PREVEN-**
4 **TION IN EDUCATIONAL INSTITUTIONS.—**

5 (1) **ESTABLISHMENT.—**Not later than 1 year
6 after the date of the enactment of this Act, the Sec-
7 retary of Health and Human Services, in consulta-
8 tion with centers of excellence receiving funds under
9 section 499B of the Public Health Service Act (as
10 added by section 101 of this Act) and experts in eat-
11 ing disorder prevention and treatment, shall estab-
12 lish a Task Force on Eating Disorders Prevention in
13 Educational Institutions (in this subsection referred
14 to as the “task force”).

15 (2) **DUTIES.—**The task force shall—

16 (A) expand upon and incorporate informa-
17 tion from the BodyWise eating disorder initia-
18 tive implemented by the Office on Women’s
19 Health of the Department of Health and
20 Human Services to develop and provide training
21 on eating disorders identification and preven-
22 tion for students, faculty, coaches, and staff in
23 kindergartens, elementary schools, secondary
24 schools, and institutions of higher education;

25 (B) develop a program of educational semi-
26 nars on eating disorders identification and pre-

1 vention for use by grant recipients under sub-
2 section (b); and

3 (C) provide training to grant recipients
4 under subsection (b) on implementing such a
5 program, including by integration into existing
6 applicable training curricula.

7 (b) GRANTS.—

8 (1) AUTHORIZATION.—The Secretary of Health
9 and Human Services, acting through the Adminis-
10 trator of the Substance Abuse and Mental Health
11 Services Administration, shall award grants to eligi-
12 ble entities—

13 (A) to conduct educational seminars on
14 eating disorders identification and prevention;
15 and

16 (B) to make resources available to individ-
17 uals affected by eating disorders.

18 (2) EDUCATIONAL SEMINARS.—As a condition
19 on the receipt of a grant under this subsection, an
20 eligible entity shall agree to conduct educational
21 seminars under paragraph (1)(A)—

22 (A) in accordance with the program devel-
23 oped under subsection (a)(2)(B) by the Task
24 Force on Eating Disorders Prevention in Edu-
25 cational Institutions; and

1 (B) taking into consideration educational
2 materials made available through the BodyWise
3 eating disorder initiative of the Department of
4 Health and Human Services and relevant re-
5 search on eating disorders.

6 (3) ELIGIBLE ENTITY.—In this subsection, the
7 term “eligible entity” means any State, territory, or
8 possession of the United States, the District of Co-
9 lumbia, any Indian tribe or tribal organization (as
10 defined in subsections (e) and (l), respectively, of
11 section 4 of the Indian Self-Determination and Edu-
12 cation Assistance Act (25 U.S.C. 450b)), or a public
13 or private educational institution, including an insti-
14 tution of higher education.

15 **SEC. 206. EATING DISORDER RESEARCH AND REPORT.**

16 Not later than 18 months after the date of the enact-
17 ment of this Act, the National Center for Education Sta-
18 tistics and the National Center for Health Statistics shall
19 conduct a study on the impact of eating disorders on edu-
20 cational advancement and achievement. The study shall—

21 (1) determine the prevalence of eating disorders
22 among students and the morbidity and mortality
23 rates associated with eating disorders;

24 (2) evaluate the extent to which students with
25 eating disorders are more likely to miss school, have

1 delayed rates of social, emotional, and physical de-
2 velopment, or have reduced academic performance;

3 (3) report on current State and local programs
4 to prevent eating disorders, as well as evaluate the
5 value of such programs; and

6 (4) make recommendations on measures that
7 could be undertaken by the Congress, the Depart-
8 ment of Education, States, and local educational
9 agencies to strengthen eating disorder prevention
10 and awareness programs.

11 **SEC. 207. PUBLIC SERVICE ANNOUNCEMENTS.**

12 (a) IN GENERAL.—The Director of the National In-
13 stitute of Mental Health shall conduct a program of public
14 service announcements to educate the public on—

15 (1) the types of eating disorders;

16 (2) the seriousness of eating disorders (includ-
17 ing prevalence, comorbidities, and physical and men-
18 tal health consequences);

19 (3) how to detect, address, refer for help, and
20 prevent eating disorders;

21 (4) discrimination and bullying based on body
22 size;

23 (5) the effects of media on self esteem and body
24 image; and

25 (6) the signs and symptoms of eating disorders.

1 (b) COLLABORATION.—The Director of the National
2 Institute of Mental Health shall conduct the program
3 under subsection (a) in collaboration with—

4 (1) centers of excellence receiving funds under
5 section 499B of the Public Health Service Act, as
6 added by section 101; and

7 (2) community-based national nonprofit re-
8 sources that—

9 (A) support individuals affected by eating
10 disorders; and

11 (B) work to prevent eating disorders and
12 address body image and weight issues.

13 (c) ANNOUNCEMENT REQUIREMENTS.—In carrying
14 out the program of public service announcements required
15 by subsection (a), the Director of the National Institute
16 of Mental Health shall ensure that such announcements—

17 (1) address the full spectrum of eating dis-
18 orders for both sexes and a variety of ethnicities and
19 age groups;

20 (2) do not promote or aggravate eating dis-
21 orders, such as by incorporating images, specific be-
22 haviors, or statistics that make eating disorders
23 seem attractive;

24 (3) feature—

1 (A) real people who are or were affected by
2 eating disorders, including individuals who have
3 died of such disorders; and

4 (B) not actors or models in place of such
5 people;

6 (4) make clear that—

7 (A) eating disorders are not a choice, but
8 are serious and often deadly illnesses; and

9 (B) individuals affected by eating disorders
10 need to seek help; and

11 (5) provide information on how and where to
12 seek help for the treatment of eating disorders.

13 **SEC. 208. SENSE OF CONGRESS.**

14 It is the sense of the Congress that—

15 (1) federally funded campaigns to fight obesity
16 should address eating disorders; and

17 (2) federally funded studies on obesity should
18 include questions relating to eating disorders.

19 **TITLE III—TREATMENT**

20 **SEC. 301. COVERAGE FOR TREATMENT FOR EATING DIS-**
21 **ORDERS UNDER GROUP HEALTH PLANS, IN-**
22 **DIVIDUAL HEALTH INSURANCE COVERAGE,**
23 **AND FEHBP.**

24 (a) GROUP HEALTH PLANS.—

1 (1) PUBLIC HEALTH SERVICE ACT AMEND-
2 MENTS.—Subpart 2 of part A of title XXVII of the
3 Public Health Service Act is amended by adding at
4 the end the following new section:

5 **“SEC. 2708. COVERAGE FOR TREATMENT FOR EATING DIS-**
6 **ORDERS.**

7 “(a) COVERAGE.—A group health plan, and a health
8 insurance issuer offering group health insurance coverage
9 in connection with a group health plan, that provides med-
10 ical and surgical benefits shall provide coverage for treat-
11 ment for eating disorders consistent with the provisions
12 of this section.

13 “(b) PROHIBITIONS.—A group health plan, and a
14 health insurance issuer offering group health insurance
15 coverage in connection with a group health plan, shall
16 not—

17 “(1) deny to an individual eligibility, or contin-
18 ued eligibility, to enroll or to renew coverage under
19 the terms of the plan, solely for the purpose of
20 avoiding the requirement of this section;

21 “(2) deny coverage for treatment of eating dis-
22 orders, including coverage for residential treatment
23 of eating disorders, if such treatment is medically
24 necessary in accordance with the Practice Guidelines
25 for the Treatment of Patients with Eating Dis-

1 orders, as most recently published by the American
2 Psychiatric Association;

3 “(3) provide monetary payments, rebates, or
4 other benefits to individuals to encourage such indi-
5 viduals to accept less than the minimum protections
6 available under this section;

7 “(4) penalize or otherwise reduce or limit the
8 reimbursement of a provider because such provider
9 provided care to an individual participant or bene-
10 ficiary in accordance with this section;

11 “(5) provide incentives (monetary or otherwise)
12 to a provider to induce such provider to provide care
13 to an individual participant or beneficiary in a man-
14 ner inconsistent with this section; or

15 “(6) deny to an individual participant or bene-
16 ficiary continued eligibility to enroll or to renew cov-
17 erage under the terms of the plan, solely because the
18 individual was previously found to have an eating
19 disorder or to have received treatment for an eating
20 disorder.

21 “(c) OUT-OF-NETWORK PROVIDERS.—In the case of
22 a group health plan, or health insurance issuer offering
23 group health insurance coverage in connection with a
24 group health plan, that provides both medical and surgical
25 benefits and coverage for treatment for eating disorders,

1 if the plan or coverage provides coverage for medical or
2 surgical benefits provided by out-of-network providers, the
3 plan or coverage shall provide coverage for treatment for
4 eating disorders provided by out-of-network providers in
5 a manner that is consistent with the requirements of this
6 section.

7 “(d) RULE OF CONSTRUCTION.—Nothing in this sec-
8 tion shall be construed as preventing a group health plan
9 or issuer from imposing deductibles, coinsurance, or other
10 cost-sharing in relation to treatment for eating disorders,
11 except that such deductibles, coinsurance, or other cost-
12 sharing may not be greater than the deductibles, coinsur-
13 ance, or other cost-sharing imposed on other comparable
14 medical or surgical services covered under the plan.

15 “(e) PREEMPTION.—Nothing in this section shall be
16 construed to preempt any State law in effect on the date
17 of enactment of this section with respect to health insur-
18 ance coverage that requires coverage of at least the cov-
19 erage for treatment for eating disorders otherwise re-
20 quired under this section.

21 “(f) EATING DISORDERS DEFINED.—For purposes
22 of this section the term ‘eating disorder’ includes anorexia
23 nervosa, bulimia nervosa, and eating disorders not other-
24 wise specified (EDNOS) (including binge eating disorder),
25 as defined in the fourth edition of ‘Diagnostic and Statis-

1 tical Manual of Mental Disorders’ or such later edition
2 as the Secretary may specify.”.

3 (2) ERISA AMENDMENTS.—(A) Subpart B of
4 part 7 of subtitle B of title I of the Employee Re-
5 tirement Income Security Act of 1974 is amended by
6 adding at the end the following new section:

7 **“SEC. 714. COVERAGE FOR TREATMENT FOR EATING DIS-**
8 **ORDERS.**

9 “(a) COVERAGE.—A group health plan, and a health
10 insurance issuer offering group health insurance coverage
11 in connection with a group health plan, that provides med-
12 ical and surgical benefits shall provide coverage for treat-
13 ment for eating disorders consistent with the provisions
14 of this section.

15 “(b) PROHIBITIONS.—A group health plan, and a
16 health insurance issuer offering group health insurance
17 coverage in connection with a group health plan, shall
18 not—

19 “(1) deny to an individual eligibility, or contin-
20 ued eligibility, to enroll or to renew coverage under
21 the terms of the plan, solely for the purpose of
22 avoiding the requirement of this section;

23 “(2) deny coverage for treatment of eating dis-
24 orders, including coverage for residential treatment
25 of eating disorders, if such treatment is medically

1 necessary in accordance with the Practice Guidelines
2 for the Treatment of Patients with Eating Dis-
3 orders, as most recently published by the American
4 Psychiatric Association;

5 “(3) provide monetary payments, rebates, or
6 other benefits to individuals to encourage such indi-
7 viduals to accept less than the minimum protections
8 available under this section;

9 “(4) penalize or otherwise reduce or limit the
10 reimbursement of a provider because such provider
11 provided care to an individual participant or bene-
12 ficiary in accordance with this section;

13 “(5) provide incentives (monetary or otherwise)
14 to a provider to induce such provider to provide care
15 to an individual participant or beneficiary in a man-
16 ner inconsistent with this section; or

17 “(6) deny to an individual participant or bene-
18 ficiary continued eligibility to enroll or to renew cov-
19 erage under the terms of the plan, solely because the
20 individual was previously found to have an eating
21 disorder or to have received treatment for an eating
22 disorder.

23 “(c) OUT-OF-NETWORK PROVIDERS.—In the case of
24 a group health plan, or health insurance issuer offering
25 group health insurance coverage in connection with a

1 group health plan, that provides both medical and surgical
2 benefits and coverage for treatment for eating disorders,
3 if the plan or coverage provides coverage for medical or
4 surgical benefits provided by out-of-network providers, the
5 plan or coverage shall provide coverage for treatment for
6 eating disorders provided by out-of-network providers in
7 a manner that is consistent with the requirements of this
8 section.

9 “(d) RULE OF CONSTRUCTION.—Nothing in this sec-
10 tion shall be construed as preventing a group health plan
11 or issuer from imposing deductibles, coinsurance, or other
12 cost-sharing in relation to treatment for eating disorders,
13 except that such deductibles, coinsurance, or other cost-
14 sharing may not be greater than the deductibles, coinsur-
15 ance, or other cost-sharing imposed on other comparable
16 medical or surgical services covered under the plan.

17 “(e) PREEMPTION.—Nothing in this section shall be
18 construed to preempt any State law in effect on the date
19 of enactment of this section with respect to health insur-
20 ance coverage that requires coverage of at least the cov-
21 erage for treatment for eating disorders otherwise re-
22 quired under this section.

23 “(f) EATING DISORDERS DEFINED.—For purposes
24 of this section the term ‘eating disorder’ includes anorexia
25 nervosa, bulimia nervosa, and eating disorders not other-

1 wise specified (EDNOS) (including binge eating disorder),
2 as defined in the fourth edition of ‘Diagnostic and Statis-
3 tical Manual of Mental Disorders’ or such later edition
4 as the Secretary may specify.”.

5 (B) Section 732(a) of such Act (29 U.S.C.
6 1191a(a)) is amended by striking “section 711” and
7 inserting “sections 711 and 714”.

8 (C) The table of contents in section 1 of such
9 Act is amended by inserting after the item relating
10 to section 713 the following new item:

“Sec. 714. Coverage for treatment for eating disorders.”.

11 (3) INTERNAL REVENUE CODE AMEND-
12 MENTS.—(A) Subchapter B of chapter 100 of the
13 Internal Revenue Code of 1986 is amended by in-
14 serting after section 9812 the following:

15 **“SEC. 9813. COVERAGE FOR TREATMENT FOR EATING DIS-**
16 **ORDERS.**

17 “(a) COVERAGE.—A group health plan that provides
18 medical and surgical benefits shall provide coverage for
19 treatment for eating disorders consistent with the provi-
20 sions of this section.

21 “(b) PROHIBITIONS.—A group health plan shall
22 not—

23 “(1) deny to an individual eligibility, or contin-
24 ued eligibility, to enroll or to renew coverage under

1 the terms of the plan, solely for the purpose of
2 avoiding the requirement of this section;

3 “(2) deny coverage for treatment of eating dis-
4 orders, including coverage for residential treatment
5 of eating disorders, if such treatment is medically
6 necessary in accordance with the Practice Guidelines
7 for the Treatment of Patients with Eating Dis-
8 orders, as most recently published by the American
9 Psychiatric Association;

10 “(3) provide monetary payments, rebates, or
11 other benefits to individuals to encourage such indi-
12 viduals to accept less than the minimum protections
13 available under this section;

14 “(4) penalize or otherwise reduce or limit the
15 reimbursement of a provider because such provider
16 provided care to an individual participant or bene-
17 ficiary in accordance with this section;

18 “(5) provide incentives (monetary or otherwise)
19 to a provider to induce such provider to provide care
20 to an individual participant or beneficiary in a man-
21 ner inconsistent with this section; or

22 “(6) deny to an individual participant or bene-
23 ficiary continued eligibility to enroll or to renew cov-
24 erage under the terms of the plan, solely because the
25 individual was previously found to have an eating

1 disorder or to have received treatment for an eating
2 disorder.

3 “(c) OUT-OF-NETWORK PROVIDERS.—In the case of
4 a group health plan that provides both medical and sur-
5 gical benefits and coverage for treatment for eating dis-
6 orders, if the plan provides coverage for medical or sur-
7 gical benefits provided by out-of-network providers, the
8 plan or coverage shall provide coverage for treatment for
9 eating disorders provided by out-of-network providers in
10 a manner that is consistent with the requirements of this
11 section.

12 “(d) RULE OF CONSTRUCTION.—Nothing in this sec-
13 tion shall be construed as preventing a group health plan
14 or issuer from imposing deductibles, coinsurance, or other
15 cost-sharing in relation to treatment for eating disorders,
16 except that such deductibles, coinsurance, or other cost-
17 sharing may not be greater than the deductibles, coinsur-
18 ance, or other cost-sharing imposed on other comparable
19 medical or surgical services covered under the plan.

20 “(e) EATING DISORDERS DEFINED.—For purposes
21 of this section the term ‘eating disorder’ includes anorexia
22 nervosa, bulimia nervosa, and eating disorders not other-
23 wise specified (EDNOS) (including binge eating disorder),
24 as defined in the fourth edition of ‘Diagnostic and Statis-

1 tical Manual of Mental Disorders’ or such later edition
2 as the Secretary may specify.”.

3 (B) The table of sections of such subchapter is
4 amended by inserting after the item relating to sec-
5 tion 9812 the following new item:

“Sec. 9813. Coverage for treatment for eating disorders.”.

6 (C) Section 4980D(d)(1) of such Code is
7 amended by striking “section 9811” and inserting
8 “sections 9811 and 9813”.

9 (b) APPLICATION TO INDIVIDUAL HEALTH INSUR-
10 ANCE COVERAGE.—(1) Part B of title XXVII of the Pub-
11 lic Health Service Act is amended by inserting after sec-
12 tion 2753 the following new section:

13 **“SEC. 2754. COVERAGE FOR TREATMENT FOR EATING DIS-**
14 **ORDERS.**

15 “The provisions of section 2708 shall apply to health
16 insurance coverage offered by a health insurance issuer
17 in the individual market in the same manner as it applies
18 to health insurance coverage offered by a health insurance
19 issuer in connection with a group health plan in the small
20 or large group market.”.

21 (2) Section 2762(b)(2) of such Act (42 U.S.C.
22 300gg–62(b)(2)) is amended by striking “section 2751”
23 and inserting “sections 2751 and 2754”.

24 (c) APPLICATION UNDER FEDERAL EMPLOYEES
25 HEALTH BENEFITS PROGRAM (FEHBP).—Section 8902

1 of title 5, United States Code, is amended by adding at
2 the end the following new subsection:

3 “(p) A contract may not be made or a plan approved
4 which does not comply with the requirements of section
5 2708 of the Public Health Service Act.”.

6 (d) EFFECTIVE DATES.—

7 (1) The amendments made by subsections (a)
8 and (c) shall apply with respect to group health
9 plans and health benefit plans for plan years begin-
10 ning on or after the date that is 6 months after the
11 date of the enactment of this Act.

12 (2) The amendments made by subsection (b)
13 shall apply with respect to health insurance coverage
14 offered, sold, issued, renewed, in effect, or operated
15 in the individual market on or after the date that is
16 6 months after the date of the enactment of this
17 Act.

18 (e) COORDINATION OF ADMINISTRATION.—The Sec-
19 retary of Labor, the Secretary of Health and Human Serv-
20 ices, and the Secretary of the Treasury shall ensure,
21 through the execution of an interagency memorandum of
22 understanding among such Secretaries, that—

23 (1) regulations, rulings, and interpretations
24 issued by such Secretaries relating to the same mat-
25 ter over which two or more such Secretaries have re-

1 sponsibility under the provisions of this section (and
2 the amendments made thereby) are administered so
3 as to have the same effect at all times; and

4 (2) coordination of policies relating to enforcing
5 the same requirements through such Secretaries in
6 order to have a coordinated enforcement strategy
7 that avoids duplication of enforcement efforts and
8 assigns priorities in enforcement.

○