

114TH CONGRESS
1ST SESSION

H. R. 2515

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

IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2015

Mr. DEUTCH (for himself and Ms. ROS-LEHTINEN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce 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 “Anna Westin Act of
5 2015”.

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.
- Sec. 5. Training and education.
- Sec. 6. Education and training for health professionals.
- Sec. 7. Education and training for school and higher education professionals.
- Sec. 8. Public service announcements.
- Sec. 9. Clarifying application of existing parity law.
- Sec. 10. Report by Federal Trade Commission.
- Sec. 11. Prohibition on new appropriations.

1 **SEC. 3. FINDINGS.**

2 The Congress finds the following:

3 (1) Risk of death among individuals with ano-
4 rexia nervosa is 18 times greater than their same
5 age peers without anorexia. It is estimated that at
6 least one person dies every 62 minutes from an eat-
7 ing disorder; at least 23 persons each day.

8 (2) Health consequences such as osteoporosis
9 (brittle bones), gastrointestinal complications, car-
10 diac, and dental problems are significant health and
11 financial burdens throughout life.

12 (3) At lowest estimate, 14.5 million Americans
13 suffer from eating disorders. One percent of adoles-
14 cent boys and two percent of adolescent girls suffer
15 from eating disorders; eating disorders account for
16 at least four percent of all childhood hospitalizations.

17 (4) Eating disorders are treatable biopsych-
18 social illnesses. There is a high rate of co-morbidity
19 with other illnesses such as depression, substance
20 abuse, or anxiety disorders.

1 (5) Anorexia nervosa is an eating disorder char-
2 acterized by self-starvation, weight loss, fear of gain-
3 ing weight and disturbances in the way in which
4 one's body weight or shape is experienced (body
5 image disturbance).

6 (6) Anorexia nervosa is associated with serious
7 health consequences including heart failure, kidney
8 failure, osteoporosis, and death. People who suffer
9 anorexia nervosa are 57 times more likely to die of
10 suicide than their peers.

11 (7) Current estimates of the lifetime prevalence
12 of bulimia nervosa are between 0.9 and 1.5 percent
13 among women and between 0.1 and 0.5 percent
14 among men.

15 (8) Bulimia nervosa is associated with serious
16 health consequences, including cardiac, gastro-
17 intestinal, and dental problems including irregular
18 heartbeats, gastric rupture, peptic ulcer, tooth
19 decay, and death.

20 (9) Binge eating disorder is characterized by
21 frequent episodes of uncontrolled overeating. Binge
22 eating disorder is common: at lowest estimate, 3.5
23 percent of American women and 2.0 percent of
24 American men will suffer from this disorder in their
25 lifetime.

1 (10) Binge eating is often associated with obe-
2 sity, high blood pressure, elevated cholesterol levels,
3 elevated triglyceride levels, increased risk of bowel,
4 breast and reproductive cancers, increased risk of di-
5 abetes, and increased risk of arthritic damage to the
6 joints.

7 (11) Many suffer from some, but not all, of the
8 symptoms of anorexia nervosa, bulimia nervosa, or
9 binge eating disorder, which is referred to as other
10 specified feeding or eating disorder (OSFED). Be-
11 tween 4 percent and 20 percent of young women
12 practice unhealthy patterns of dieting, purging, and
13 binge eating.

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

17 (13) Academic evidence has demonstrated a
18 connection between the use of very thin models in
19 advertising and consumer attitudes toward a brand
20 based on such advertising, as well as a material in-
21 fluence of the use of such models on consumer pur-
22 chase intent, conduct, and reliance.

23 (14) Eating disorders appear across all age
24 groups, races, ethnicities and socioeconomic groups
25 in the United States and are associated with sub-

1 stantial psychological problems, including depression,
2 substance abuse, and suicide. For children 12 years
3 of age and younger, hospitalizations for eating dis-
4 orders increased by 119 percent between 1999 and
5 2006.

6 **SEC. 4. DEFINITION.**

7 In this Act, the term “eating disorder” includes ano-
8 rexia nervosa, bulimia nervosa, binge eating disorder, and
9 other specified feeding or eating disorder (OSFED), as de-
10 fined in the fifth edition of “Diagnostic and Statistical
11 Manual of Mental Disorders” or, if applicable, the most
12 recent successor edition.

13 **SEC. 5. TRAINING AND EDUCATION.**

14 Subject to section 11, the Secretary of Health and
15 Human Services, acting through the Director of the Office
16 on Women’s Health of the Department of Health and
17 Human Services and in consultation with the Secretary
18 of Education, shall—

19 (1) revise and then reinstate the BodyWise
20 Handbook and related fact sheets and resource lists
21 available on the public Internet site of the National
22 Women’s Health Information Center sponsored by
23 the Office on Women’s Health, to include—

24 (A) updated findings and conclusions as
25 needed; and

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

3 (2) incorporate, as appropriate, information
4 from such BodyWise Handbook and related facts
5 sheets and resource lists into the curriculum of the
6 BodyWorks obesity prevention program developed by
7 the Office on Women's Health and training modules
8 used in such obesity prevention program; and

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

18 **SEC. 6. EDUCATION AND TRAINING FOR HEALTH PROFES-**
19 **SIONALS.**

20 (a) IN GENERAL.—Subject to section 11, the Sec-
21 retary of Health and Human Services, acting through the
22 Administrator of the Substance Abuse and Mental Health
23 Services Administration, shall award grants to eligible en-
24 tities to integrate training into existing curricula for pri-
25 mary care physicians, other licensed or certified health

1 and mental health professionals, and public health profes-
2 sionals that may include—

3 (1) early intervention and identification of eat-
4 ing disorders;

5 (2) levels of treatment (including family-based
6 treatment, in-patient, residential, partial hospitaliza-
7 tion programming, intensive outpatient and out-
8 patient);

9 (3) how to properly refer patients to treatment;

10 (4) steps to aid in the prevention of the devel-
11 opment of eating disordered behaviors; and

12 (5) how to treat individuals with eating dis-
13 orders.

14 (b) APPLICATION.—An entity that desires a grant
15 under this section shall submit to the Secretary an appli-
16 cation at such time, in such manner, and containing such
17 information as the Secretary may require, including a plan
18 for the use of funds that may be awarded and an evalua-
19 tion of the training that will be provided.

20 (c) USE OF FUNDS.—An entity that receives a grant
21 under this section shall use the funds made available
22 through such grant to—

23 (1) use a training program containing evidence-
24 based findings, promising emerging best practices,
25 or recommendations that pertain to the identifica-

1 tion, early intervention, prevention of the develop-
2 ment of eating disordered behaviors, and treatment
3 of eating disorders to conduct educational training
4 and conferences, including Internet-based courses
5 and teleconferences, on—

6 (A) how to help prevent the development of
7 eating disordered behaviors, identify, intervene
8 early, and appropriately and adequately treat
9 eating disordered patients;

10 (B) how to identify individuals with eating
11 disorders, and those who are at risk for suf-
12 fering from eating disorders and, therefore, at
13 risk for related severe medical and mental
14 health conditions;

15 (C) how to conduct a comprehensive as-
16 sessment of individual and familial health risk
17 factors; and

18 (D) how to conduct a comprehensive as-
19 sessment of a treatment plan; and

20 (2) evaluate and report to the Secretary on the
21 effectiveness of the training provided by such entity
22 in increasing knowledge and changing attitudes and
23 behaviors of trainees.

1 **SEC. 7. EDUCATION AND TRAINING FOR SCHOOL AND**
2 **HIGHER EDUCATION PROFESSIONALS.**

3 (a) GRANTS.—

4 (1) AUTHORIZATION.—Subject to section 11,
5 the Secretary of Health and Human Services, acting
6 through the Administrator of the Substance Abuse
7 and Mental Health Services Administration, shall
8 award grants to eligible entities—

9 (A) to conduct educational seminars for
10 school personnel on eating disorders early iden-
11 tification, intervention, and prevention of behav-
12 iors that are often associated with the develop-
13 ment of eating disordered behaviors; and

14 (B) to make resources available to individ-
15 uals affected by eating disorders.

16 (2) EDUCATIONAL SEMINARS.—As a condition
17 on the receipt of a grant under this subsection, an
18 eligible entity shall agree to conduct educational
19 seminars under paragraph (1)(A), taking into con-
20 sideration educational materials made available
21 through the BodyWise eating disorder initiative of
22 the Department of Health and Human Services and
23 relevant research on eating disorders.

24 (3) ELIGIBLE ENTITY.—In this subsection, the
25 term “eligible entity” means any State, territory, or
26 possession of the United States, the District of Co-

1 lumbia, any Indian tribe or tribal organization (as
2 defined in subsections (e) and (l), respectively, of
3 section 4 of the Indian Self-Determination and Edu-
4 cation Assistance Act (25 U.S.C. 450b)), or a public
5 or private educational institution, including an insti-
6 tution of higher education.

7 **SEC. 8. PUBLIC SERVICE ANNOUNCEMENTS.**

8 (a) IN GENERAL.—Subject to section 11, the Direc-
9 tor of the National Institute of Mental Health shall con-
10 duct a program of public service announcements to edu-
11 cate the public on—

12 (1) the types of eating disorders;

13 (2) the seriousness of eating disorders (includ-
14 ing prevalence, comorbidities, and physical and men-
15 tal health consequences);

16 (3) how to identify, intervene, refer for treat-
17 ment, and help prevent behaviors that often lead to
18 the development of eating disordered behaviors;

19 (4) discrimination and bullying based on body
20 size;

21 (5) the effects of media on self esteem and body
22 image; and

23 (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; and

5 (2) community-based national nonprofit re-
6 sources that support individuals affected by eating
7 disorders and work to prevent eating disorders and
8 address body image and weight issues.

9 **SEC. 9. CLARIFYING APPLICATION OF EXISTING PARITY**

10 **LAW.**

11 (a) PHSA.—Section 2726 of the Public Health Serv-
12 ice Act (42 U.S.C. 300gg–26) is amended—

13 (1) in subsection (a)(3), by adding at the end
14 the following new subparagraph:

15 “(C) TREATMENT OF PERMANENT EXCLU-
16 SIONS UNDER MENTAL HEALTH AND SUB-
17 STANCE USE DISORDER BENEFITS.—A group
18 health plan or health insurance issuer offering
19 group or individual health insurance coverage to
20 which subparagraph (A) applies shall be consid-
21 ered in violation of subparagraph (A)(ii) if the
22 mental health or substance use disorder benefits
23 under such plan or coverage provides for a per-
24 manent exclusion from such benefits for a par-
25 ticular condition or disorder.”; and

1 (2) by adding at the end the following new sub-
2 section:

3 “(f) RESIDENTIAL TREATMENT.—For purposes of
4 this section, mental health and substance use disorder
5 benefits include residential treatment.”.

6 (b) ERISA.—Section 712 of the Employee Retire-
7 ment Income Security Act of 1974 (29 U.S.C. 1185a) is
8 amended—

9 (1) in subsection (a)(3), by adding at the end
10 the following new subparagraph:

11 “(C) TREATMENT OF PERMANENT EXCLU-
12 SIONS UNDER MENTAL HEALTH AND SUB-
13 STANCE USE DISORDER BENEFITS.—A group
14 health plan (or health insurance coverage of-
15 fered in connection with such a plan) to which
16 subparagraph (A) applies shall be considered in
17 violation of subparagraph (A)(ii) if the mental
18 health or substance use disorder benefits under
19 such plan (or coverage) provides for a perma-
20 nent exclusion from such benefits for a par-
21 ticular condition or disorder.”; and

22 (2) by adding at the end the following new sub-
23 section:

1 “(h) RESIDENTIAL TREATMENT.—For purposes of
2 this section, mental health and substance use disorder
3 benefits include residential treatment.”.

4 (c) IRC.—Section 9812 of the Internal Revenue Code
5 of 1986 (26 U.S.C. 9812) is amended—

6 (1) in subsection (a)(3), by adding at the end
7 the following new subparagraph:

8 “(C) TREATMENT OF PERMANENT EXCLU-
9 SIONS UNDER MENTAL HEALTH AND SUB-
10 STANCE USE DISORDER BENEFITS.—A group
11 health plan to which subparagraph (A) applies
12 shall be considered in violation of subparagraph
13 (A)(ii) if the mental health or substance use
14 disorder benefits under such plan provides for
15 a permanent exclusion from such benefits for a
16 particular condition or disorder.”; and

17 (2) by adding at the end the following new sub-
18 section:

19 “(f) RESIDENTIAL TREATMENT.—For purposes of
20 this section, mental health and substance use disorder
21 benefits include residential treatment.”.

22 (d) LIMITATION.—Nothing in this section or the
23 amendments made by this section shall be construed as
24 adding or expanding the scope of mental health or addic-
25 tion services included under section 2726 of the Public

1 Health Service Act (42 U.S.C. 300gg–26), section 712 of
2 the Employee Retirement Income Security Act of 1974
3 (29 U.S.C. 1185a), or section 9812 of the Internal Rev-
4 enue Code of 1986 (26 U.S.C. 9812).

5 **SEC. 10. REPORT BY FEDERAL TRADE COMMISSION.**

6 (a) IN GENERAL.—Not later than 18 months after
7 the date of the enactment of this Act, the Federal Trade
8 Commission shall submit to Congress a report that con-
9 tains—

10 (1) a strategy to reduce the use, in advertising
11 and other media for the promotion of commercial
12 products, of images that have been altered to mate-
13 rially change the physical characteristics of the faces
14 and bodies of the individuals depicted; and

15 (2) recommendations for an appropriate, risk-
16 based regulatory framework with respect to such
17 use.

18 (b) INPUT OF EXTERNAL STAKEHOLDERS AND EX-
19 PERTS.—In preparing the report required under sub-
20 section (a), the Federal Trade Commission shall solicit
21 input from external stakeholders and experts on the strat-
22 egy and recommendations required to be included in such
23 report. The Commission, in consultation with the Director
24 of the National Institute of Mental Health and the Admin-
25 istrator of the Substance Abuse and Mental Health Serv-

1 ices Administration, shall ensure that input is obtained
2 from an appropriate number of stakeholders and experts
3 and, to the extent practicable, from stakeholders and ex-
4 perts that are geographically and culturally diverse and
5 that include stakeholders and experts from the physical
6 and mental health, business, and consumer advocacy com-
7 munities.

8 **SEC. 11. PROHIBITION ON NEW APPROPRIATIONS.**

9 No additional funds are authorized to be appro-
10 priated to carry out this Act or the amendments made
11 by this Act. This Act and such amendments shall be car-
12 ried out using amounts otherwise made available for such
13 purposes.

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