

114TH CONGRESS
1ST SESSION

S. 1865

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

IN THE SENATE OF THE UNITED STATES

JULY 27, 2015

Ms. KLOBUCHAR (for herself, Ms. AYOTTE, Mrs. CAPITO, and Ms. BALDWIN)
introduced the following bill; which was read twice and referred to the
Committee on Health, Education, Labor, and Pensions

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. 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 among indi-
5 viduals of the same age without anorexia. It is esti-
6 mated that at least one person dies every 62 minutes
7 from an eating disorder: at least 23 persons each
8 day.

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

13 (3) At lowest estimate, 14,500,000 people in
14 the United States suffer from eating disorders. One
15 percent of adolescent boys and 2 percent of adoles-
16 cent girls suffer from eating disorders. Eating dis-
17 orders account for at least 4 percent of all childhood
18 hospitalizations.

19 (4) Eating disorders are treatable biopsychosocial illnesses. There is a high rate of comorbidity
20 with other illnesses such as depression, substance
21 abuse, or anxiety disorders.
22

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.

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

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

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

19 (9) Binge eating disorder is characterized by
20 frequent episodes of uncontrolled overeating. Binge
21 eating disorder is common: at lowest estimate, 3.5
22 percent of women in the United States and 2.0 per-
23 cent of men in the United States will suffer from
24 this disorder in their lifetimes.

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
5 diabetes, and increased risk of arthritic damage to
6 the 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 or “OSFED”.
11 Between 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. DEFINITIONS.**

7 In this Act—

8 (1) the term “eating disorder” includes ano-
9 rexia nervosa, bulimia nervosa, binge eating dis-
10 order, and other specified feeding or eating dis-
11 orders, as defined in the fifth edition of “Diagnostic
12 and Statistical Manual of Mental Disorders”, pub-
13 lished by the American Psychiatric Association or, if
14 applicable, the most recent successor edition; and

15 (2) the term “Secretary” means the Secretary
16 of Health and Human Services.

17 **SEC. 5. TRAINING AND EDUCATION.**

18 Subject to section 10, the Secretary, acting through
19 the Director of the Office on Women’s Health of the De-
20 partment of Health and Human Services and in consulta-
21 tion with the Secretary of Education, shall—

22 (1) revise and then reinstate the BodyWise
23 Handbook of the Department of Education and re-
24 lated fact sheets and resource lists available on the
25 public Internet Website of the National Women’s

1 Health Information Center sponsored by the Office
2 on Women's Health, to include—

3 (A) updated findings and conclusions as
4 needed; and

5 (B) thorough information about eating dis-
6 orders relating to males and females;

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

13 (3) promote and make publicly available
14 (through a public Internet Website or other method
15 that does not impose a fee on users) the BodyWise
16 Handbook and related fact sheets and resource lists,
17 as updated under paragraph (1), and the
18 BodyWorks obesity prevention program, as updated
19 under paragraph (2), including for purposes of edu-
20 cating universities and nonprofit entities on eating
21 disorders.

22 **SEC. 6. EDUCATION AND TRAINING FOR HEALTH PROFES-**
23 **SIONALS.**

24 (a) IN GENERAL.—Subject to section 10, the Sec-
25 retary, acting through the Administrator of the Substance

1 Abuse and Mental Health Services Administration, shall
2 award grants to eligible entities to integrate training into
3 existing curricula for primary care physicians, other li-
4 censed or certified health and mental health professionals,
5 and public health professionals that may include—

6 (1) early intervention and identification of eat-
7 ing disorders;

8 (2) levels of treatment (including family-based,
9 in-patient, residential, partial hospitalization pro-
10 gramming, and intensive outpatient and outpatient
11 treatment);

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

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

15 (5) how to treat individuals with eating dis-
16 orders.

17 (b) APPLICATION.—An entity desiring a grant under
18 this section shall submit to the Secretary an application
19 at such time, in such manner, and containing such infor-
20 mation as the Secretary may require, including a plan for
21 the use of funds that may be awarded and an evaluation
22 of the training that will be provided.

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

1 (1) develop a training program containing evi-
2 dence-based findings, promising emerging best prac-
3 tices, or recommendations that pertain to the identi-
4 fication of, early intervention in, prevention of the
5 development of, and treatment of, eating disorders
6 to conduct educational training and conferences,
7 which may include Internet-based courses and tele-
8 conferences, on—

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

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

18 (C) how to conduct a comprehensive as-
19 sessment of individual and familial health risk
20 factors; and

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

23 (2) evaluate and report to the Secretary on the
24 effectiveness of the training provided by such entity

1 in increasing knowledge and changing attitudes and
2 behaviors of trainees.

3 **SEC. 7. EDUCATION AND TRAINING FOR SCHOOL AND**
4 **HIGHER EDUCATION PROFESSIONALS.**

5 (a) GRANTS.—Subject to section 10, the Secretary,
6 acting through the Administrator of the Substance Abuse
7 and Mental Health Services Administration, shall award
8 grants to eligible entities—

9 (1) to conduct educational seminars for school
10 personnel on early identification of, intervention in,
11 and prevention of, behaviors that are often associ-
12 ated with the development of eating disordered be-
13 haviors; and

14 (2) to make resources available to individuals
15 affected by eating disorders.

16 (b) EDUCATIONAL SEMINARS.—As a condition on the
17 receipt of a grant under this subsection, an eligible entity
18 shall agree to conduct educational seminars under sub-
19 section (a)(1), taking into consideration educational mate-
20 rials made available through the BodyWise eating disorder
21 initiative of the Department of Health and Human Serv-
22 ices and relevant research on eating disorders.

23 (c) ELIGIBLE ENTITY.—In this section, the term “el-
24 igible entity” means any State, territory, or possession of
25 the United States, the District of Columbia, any Indian

1 tribe or tribal organization (as defined in subsections (e)
2 and (l), respectively, of section 4 of the Indian Self-Deter-
3 mination and Education Assistance Act (25 U.S.C.
4 450b)), or a public or private educational institution, in-
5 cluding an institution of higher education.

6 **SEC. 8. PUBLIC SERVICE ANNOUNCEMENTS.**

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

11 (1) the types of eating disorders;

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

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

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

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

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

23 (b) COLLABORATION.—The Director of the National
24 Institute of Mental Health shall conduct the program
25 under subsection (a) in collaboration with—

1 (1) centers of excellence; and

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

6 **SEC. 9. CLARIFYING APPLICATION OF EXISTING PARITY**
7 **LAW.**

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

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

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

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

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

4 (b) ERISA.—Section 712 of the Employee Retirement
5 Income Security Act of 1974 (29 U.S.C. 1185a) is
6 amended—

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

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

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

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

1 (c) IRC.—Section 9812 of the Internal Revenue Code
2 of 1986 is amended—

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

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

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

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

19 (d) LIMITATION.—Nothing in this section or the
20 amendments made by this section shall be construed as
21 adding or expanding the scope of mental health or addic-
22 tion services included under section 2726 of the Public
23 Health Service Act (42 U.S.C. 300gg–26), section 712 of
24 the Employee Retirement Income Security Act of 1974

1 (29 U.S.C. 1185a), or section 9812 of the Internal Rev-
2 enue Code of 1986.

3 **SEC. 10. PROHIBITION ON NEW APPROPRIATIONS.**

4 No additional funds are authorized to be appro-
5 priated to carry out this Act or the amendments made
6 by this Act. This Act and such amendments shall be car-
7 ried out using amounts otherwise made available for such
8 purposes.

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