

117TH CONGRESS  
1ST SESSION

# H. R. 1309

To amend title 10, United States Code, to provide for eating disorders treatment for members of the Armed Forces and certain dependents of members and former members of the uniformed services, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 24, 2021

Mr. MOULTON (for himself, Mr. KATKO, Ms. ESCOBAR, Mr. DEUTCH, Mr. FITZPATRICK, Mr. CROW, Ms. CHU, Mr. COURTNEY, Ms. MCCOLLUM, Mr. RYAN, Mrs. AXNE, Mr. CONNOLLY, Miss RICE of New York, Mr. PRICE of North Carolina, Mr. RUSH, Mr. NEGUSE, Ms. SCANLON, Ms. SHERRILL, Mr. FOSTER, Mr. KEATING, Ms. OMAR, Mr. CLEAVER, and Mr. LEVIN of California) introduced the following bill; which was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, 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

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## A BILL

To amend title 10, United States Code, to provide for eating disorders treatment for members of the Armed Forces and certain dependents of members and former members of the uniformed services, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Supporting Eating dis-  
3 orders Recovery through Vital Expansion Act” or the  
4 “SERVE Act”.

5 **SEC. 2. EATING DISORDERS TREATMENT FOR CERTAIN**  
6 **MEMBERS OF THE ARMED FORCES AND DE-**  
7 **PENDENTS.**

8 (a) FINDINGS.—Congress finds the following:

9 (1) Eating disorders affect approximately  
10 30,000,000 Americans (or nine percent of the popu-  
11 lation) during their lifetime, including individuals  
12 from every age, gender, body size, race, ethnicity,  
13 and socioeconomic status.

14 (2) Eating disorders are severe, biologically  
15 based, mental illnesses caused by a complex inter-  
16 action of genetic, biological, social, behavioral, and  
17 psychological factors.

18 (3) Eating disorders result in the second high-  
19 est case fatality rate of any mental illness, with one  
20 death occurring every 52 minutes as a direct result  
21 of an eating disorder due to serious medical co-  
22 morbidities and suicide.

23 (4) Untreated eating disorders cost the econ-  
24 omy of the United States \$64.70 billion annually,  
25 with families and individuals experiencing an eco-  
26 nomic loss of \$23.50 billion annually.

1           (5) A study from the Armed Forces Health  
2           Surveillance Branch found that diagnoses of eating  
3           disorders among military personnel increased by 26  
4           percent from 2013 to 2016. Although accurate esti-  
5           mates are challenging due to underreporting, the  
6           prevalence of eating disorders in the military is two  
7           to three times higher than in the civilian population.

8           (6) The Defense Health Board found that fe-  
9           male members of the Armed Forces on active duty  
10          experience high rates of eating disorders, which can  
11          adversely affect their readiness and health.

12          (7) Risk factors for eating disorders in the mili-  
13          tary include pressure to maintain weight and fitness  
14          standards, trauma, sexual harassment, weight stig-  
15          matization, and post-traumatic stress disorder.

16          (8) Family members of members of the Armed  
17          Forces have a higher prevalence of eating disorders  
18          than the general population, with 21 percent of chil-  
19          dren and 26 percent of spouses of members of the  
20          Armed Forces found at risk of developing an eating  
21          disorder.

22          (9) Research demonstrates a strong correlation  
23          between a military spouse and their adolescent  
24          child's risk for an eating disorder. Adolescent female  
25          military dependents are more likely to be at risk for

1 an eating disorder if their non-military parent is at  
2 risk for an eating disorder.

3 (b) EATING DISORDERS TREATMENT FOR CERTAIN  
4 DEPENDENTS.—Section 1079 of title 10, United States  
5 Code, is amended—

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

8 “(18) Treatment for eating disorders may be  
9 provided in accordance with subsection (r).”; and

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

12 “(r)(1) The provision of health care services for an  
13 eating disorder under subsection (a)(18) shall include the  
14 following services:

15 “(A) Inpatient services, including residential  
16 services.

17 “(B) Outpatient services for in-person or tele-  
18 health care, including partial hospitalization services  
19 and intensive outpatient services.

20 “(2) A dependent may be provided health care serv-  
21 ices for an eating disorder under subsection (a)(18) with-  
22 out regard to—

23 “(A) the age of the dependent, except with re-  
24 spect to residential services under paragraph (1)(B),  
25 which may be provided only to a dependent who is

1 not eligible for hospital insurance benefits under  
2 part A of title XVIII of the Social Security Act (42  
3 U.S.C. 1395c et seq.); and

4 “(B) whether the eating disorder is the primary  
5 or secondary diagnosis of the dependent.

6 “(3) In this section, the term ‘eating disorder’ has  
7 the meaning given the term ‘feeding and eating disorders’  
8 in the Diagnostic and Statistical Manual of Mental Dis-  
9 orders, 5th Edition (or successor edition), published by the  
10 American Psychiatric Association.”.

11 (c) IDENTIFICATION AND TREATMENT OF EATING  
12 DISORDERS FOR MEMBERS OF THE ARMED FORCES.—  
13 Section 1090 of title 10, United States Code, is amend-  
14 ed—

15 (1) by striking “The Secretary of Defense” and  
16 inserting the following:

17 “(a) IDENTIFICATION AND TREATMENT OF EATING  
18 DISORDERS AND DRUG AND ALCOHOL DEPENDENCE.—  
19 The Secretary of Defense”;

20 (2) by inserting “have an eating disorder or”  
21 before “are dependent on drugs or alcohol”; and

22 (3) by adding at the end the following new sub-  
23 sections:

24 “(b) FACILITIES AVAILABLE TO INDIVIDUALS WITH  
25 EATING DISORDERS.—For purposes of this section, ‘nec-

1   essary facilities’ described in subsection (a) shall include,  
2   with respect to individuals who have an eating disorder,  
3   facilities that provide the services specified in section  
4   1079(r)(1) of this title.

5       “(c) EATING DISORDER DEFINED.—In this section,  
6   the term ‘eating disorder’ has the meaning given that term  
7   in section 1079(r)(3) of this title.”.

8       (d) CLINICAL PRACTICE GUIDELINES AND CRITERIA  
9   RELATING TO EATING DISORDERS.—

10           (1) GUIDELINES AND CRITERIA.—Not later  
11   than two years after the date of the enactment of  
12   this Act, the Secretary of Defense and the Secretary  
13   of Veterans Affairs shall jointly develop, publish,  
14   and disseminate clinical practice guidelines and cri-  
15   teria for the identification and treatment of eating  
16   disorders. Such guidelines shall be consistent with  
17   generally accepted standards of care.

18           (2) CONSULTATION.—In carrying out sub-  
19   section (a), the Secretaries shall consult with, and  
20   incorporate into the guidelines and criteria developed  
21   under such subsection the recommendations and  
22   guidelines of, the following:

23                   (A) The Administrator of the Substance  
24                   Abuse and Mental Health Services Administra-  
25                   tion.

1                   (B) The Director of the Centers for Dis-  
2                   ease Control and Prevention.

3                   (C) The Director of the National Institute  
4                   of Mental Health.

5                   (D) Nonprofit clinical specialty associa-  
6                   tions and any other organizations or associa-  
7                   tions determined relevant by the Secretaries.

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