

112TH CONGRESS
1ST SESSION

H. R. 1448

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

IN THE HOUSE OF REPRESENTATIVES

APRIL 8, 2011

Ms. BALDWIN (for herself, Mr. CONNOLLY of Virginia, Mr. JOHNSON of Georgia, Mr. LOEBSACK, Mrs. MALONEY, Mr. MORAN, Mr. NADLER, Ms. SCHAKOWSKY, and Mr. HASTINGS of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Oversight and Government Reform, and Education and the Workforce, 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 2011”.

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.

TITLE IV—IMPROVING AVAILABILITY AND ACCESS TO TREATMENT

- Sec. 401. Medicaid coverage for eating disorder treatment services.
- Sec. 402. Grants to support patient advocacy.

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,

1 bulimia nervosa, and eating disorders not otherwise
2 specified (EDNOS) (including binge eating dis-
3 order). The lifetime prevalence of all eating dis-
4 orders in America is 0.6 to 4.5 percent.

5 (4) Anorexia nervosa is an eating disorder char-
6 acterized by self-starvation and excessive weight loss.
7 An estimated 0.9 percent of American women and
8 0.3 percent of American men will suffer from ano-
9 rexia nervosa in their lifetime.

10 (5) Anorexia nervosa is associated with serious
11 health consequences including heart failure, kidney
12 failure, osteoporosis, and death.

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

20 (7) Bulimia nervosa is associated with cardiac,
21 gastrointestinal, and dental problems including ir-
22 regular heartbeats, gastric rupture, peptic ulcer,
23 tooth decay, and death.

24 (8) Binge eating disorder is characterized by
25 frequent episodes of uncontrolled overeating. Binge

1 eating disorder is common: an estimated 3.5 percent
2 of American women and 2.0 percent of American
3 men will suffer from this disorder in their lifetime.

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

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

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

16 (12) Eating disorders usually appear in adoles-
17 cence and are associated with substantial psycho-
18 logical problems, including depression, substance
19 abuse, and suicide. Eating disorders also develop in
20 younger children and adults, compromising health
21 and daily functioning. For children 12 years of age
22 and younger, hospitalizations for eating disorders in-
23 creased by 119 percent between 1999 and 2006.

24 (13) Eating disorders are found across races,
25 ethnicities, and socioeconomic groups in the United

1 States. White females are more likely to suffer from
2 anorexia, while African-American girls are especially
3 vulnerable to developing eating disorders that involve
4 binge eating. Body dissatisfaction in young girls has
5 been shown in White, African-American, Hispanic,
6 and Asian girls.

7 **SEC. 4. DEFINITION.**

8 In this Act, the term “eating disorder” includes ano-
9 rexia nervosa, bulimia nervosa, and eating disorders not
10 otherwise specified (EDNOS) (including binge eating dis-
11 order), as defined in the fourth edition of “Diagnostic and
12 Statistical Manual of Mental Disorders” or, if applicable,
13 the most recent successor edition.

14 **TITLE I—RESEARCH**

15 **SEC. 101. ACTIVITIES TO IMPROVE EATING DISORDER-RE-**
16 **LATED RESEARCH AND FUNDING.**

17 Title IV of the Public Health Service Act (42 U.S.C.
18 281 et seq.) is amended by adding at the end the fol-
19 lowing:

1 **“PART J—EATING DISORDER-RELATED**
 2 **ACTIVITIES**

3 **“SEC. 499A. AUTHORITY OF THE DIRECTOR OF THE NA-**
 4 **TIONAL INSTITUTES OF HEALTH RELATING**
 5 **TO EATING DISORDERS.**

6 “(a) IDENTIFYING TOTAL EXPENDITURES ON EAT-
 7 ING DISORDERS.—The Director of NIH, in coordination
 8 with the National Institute of Mental Health, the Office
 9 of Research on Women’s Health, and other institutes of
 10 the National Institutes of Health, shall identify the total
 11 amount of expenditures, both intramural and extramural,
 12 by the National Institutes of Health for eating disorders
 13 for each of fiscal years 2009 and 2010.

14 “(b) BUDGET FOR EATING DISORDERS RESEARCH
 15 AND COORDINATION OF ACTIVITIES AND PROGRAMS.—
 16 The Director of NIH, based on the strategic plan devel-
 17 oped under subsection (c), shall—

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

21 “(2) coordinate all research activities and pro-
 22 grams on eating disorders at the institutes, centers,
 23 and divisions of the National Institutes of Health;
 24 and

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

1 “(c) STRATEGIC PLAN FOR EATING DISORDERS RE-
2 SEARCH.—

3 “(1) IN GENERAL.—Not later than 1 year after
4 the date of the enactment of this section, the Direc-
5 tor of NIH shall develop, in consultation with lead-
6 ing eating disorder researchers, and oversee the im-
7 plementation of a comprehensive, long-range plan
8 for the conduct and support of research on eating
9 disorders by the institutes, centers, and divisions of
10 the National Institutes of Health.

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

13 “(A) be updated on an annual basis;

14 “(B) identify critical scientific questions
15 related to eating disorders and establish prior-
16 ities among such questions;

17 “(C) based on the priorities established
18 under subparagraph (B), specify the short- and
19 long-range objectives to be achieved, and esti-
20 mate the resources needed to achieve these ob-
21 jectives;

22 “(D) evaluate the sufficiency of existing re-
23 search programs on eating disorders to meet
24 the objectives specified under subparagraph (C),

1 and establish objectives, timelines, and criteria
2 for evaluating future research programs;

3 “(E) be coordinated with the activities of
4 the Centers of Excellence receiving funds under
5 section 499B(b); and

6 “(F) make recommendations for changes
7 to existing research programs on eating dis-
8 orders.

9 “(d) BUDGETARY AUTHORITY.—

10 “(1) IN GENERAL.—The Director of NIH
11 shall—

12 “(A) in accordance with the strategic plan
13 developed under subsection (c), annually pre-
14 pare and submit to Congress a scientifically jus-
15 tified budget estimate for research on eating
16 disorders to be conducted within the agencies of
17 the National Institutes of Health, which shall
18 include the amount of funds that will be re-
19 quired for—

20 “(i) the continued funding of ongoing
21 discretionary program initiatives at the in-
22 stitutes, centers, and divisions of the Na-
23 tional Institutes of Health; and

24 “(ii) the funding of new and com-
25 plementary program initiatives; and

1 “(B) receive all research funds for eating
2 disorders described in subparagraph (A), and
3 allocate those funds to the institutes, centers,
4 and divisions of the National Institutes of
5 Health.

6 “(2) EFFECTIVE DATE.—Paragraph (1)(B)
7 shall become effective in the fiscal year following the
8 submission of the first eating disorder budget de-
9 scribed in paragraph (1)(A).

10 “(e) EVALUATION AND REPORT.—

11 “(1) EVALUATION.—The Director of NIH shall
12 evaluate the effect of this section on the planning
13 and coordination of research programs on eating dis-
14 orders at the institutes, centers, and divisions of the
15 National Institutes of Health, and the extent to
16 which funding mandated under this section has fol-
17 lowed the recommendation of the strategic plan de-
18 veloped under subsection (c).

19 “(2) REPORT.—Not later than 1 year after the
20 date of enactment of this section, the Director of
21 NIH shall prepare and submit to the Committee on
22 Energy and Commerce and the Committee on Ap-
23 propriations of the House of Representatives, and
24 the Committee on Health, Education, Labor, and
25 Pensions and the Committee on Appropriations of

1 the Senate, a report based on the evaluation de-
2 scribed in paragraph (1).

3 “(f) DEFINITIONS.—In this part, the term ‘eating
4 disorder’ includes anorexia nervosa, bulimia nervosa, and
5 eating disorders not otherwise specified (EDNOS) (includ-
6 ing binge eating disorder), as defined in the fourth edition
7 of ‘Diagnostic and Statistical Manual of Mental Disorders’
8 or, if applicable, the most recent successor edition.

9 **“SEC. 499B. EXPANSION, INTENSIFICATION, AND COORDI-**
10 **NATION OF ACTIVITIES OF NATIONAL INSTI-**
11 **TUTES OF HEALTH WITH RESPECT TO RE-**
12 **SEARCH ON EATING DISORDERS.**

13 “(a) IN GENERAL.—

14 “(1) EXPANSION OF ACTIVITIES.—The Director
15 of NIH shall expand, intensify, and coordinate the
16 activities of the National Institutes of Health with
17 respect to research on eating disorders.

18 “(2) ADMINISTRATION OF PROGRAM; COORDI-
19 NATION AMONG AGENCIES.—The Director of NIH
20 shall carry out this section acting through the Direc-
21 tor of the National Institute of Mental Health, and
22 in collaboration with the Director of the Eunice
23 Kennedy Shriver National Institute of Child Health
24 and Human Development, the Director of the Na-
25 tional Institute of Diabetes and Digestive and Kid-

1 ney Diseases, the Director of the Office of Research
2 on Women’s Health, and any other agencies or of-
3 fices of the National Institutes of Health that the
4 Director determines appropriate.

5 “(3) TASK FORCE.—

6 “(A) ESTABLISHMENT.—Before making
7 grants under subsection (b) for Centers of Ex-
8 cellence, the Director of NIH shall establish a
9 task force (in this paragraph referred to as the
10 ‘task force’) consisting of—

11 “(i) representatives of the institutes,
12 centers, and divisions of the National Insti-
13 tutes of Health, as determined appropriate
14 by the Director;

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

17 “(iii) the general public.

18 “(B) DUTIES.—The task force shall—

19 “(i) assist researchers in developing
20 applications and applying for grants and
21 contracts to be awarded for Centers of Ex-
22 cellence under subsection (b);

23 “(ii) conduct a thorough examination
24 of the field of eating disorders, create a list
25 of priorities for eating disorders research,

1 and develop a matrix of action items for
2 such research; and

3 “(iii) conduct meetings to address
4 issues with respect to eating disorders re-
5 search, including guiding principles of Cen-
6 ters of Excellence under subsection (b); de-
7 velopment of strategic research priorities;
8 strategies for recruiting new scientists into
9 the field of eating disorders and providing
10 them with high-quality training; priorities
11 and best practices for basic research, clin-
12 ical research, treatment research, and pre-
13 vention research; and development of a re-
14 search infrastructure nationwide.

15 “(b) CENTERS OF EXCELLENCE.—

16 “(1) GRANTS.—

17 “(A) IN GENERAL.—In carrying out sub-
18 section (a)(1), the Director of NIH shall award
19 grants and contracts to public or nonprofit pri-
20 vate entities, including universities, to—

21 “(i) conduct research on eating dis-
22 orders designed to improve understanding
23 of the etiology, early identification, preven-
24 tion, best treatment, medical and psycho-

1 logical sequelae of and recovery from eat-
2 ing disorders;

3 “(ii) conduct training to perform such
4 research; and

5 “(iii) pay all or part of the cost of
6 planning, establishing, improving, and pro-
7 viding basic operating support for such re-
8 search and training.

9 “(B) CENTERS OF EXCELLENCE.—For
10 purposes of this section, an entity that receives
11 a grant or contract under subparagraph (A)
12 shall be referred to as a Center of Excellence.

13 “(2) RESEARCH.—

14 “(A) IN GENERAL.—Each Center of Excel-
15 lence shall conduct basic research, clinical re-
16 search, or both into eating disorders.

17 “(B) REQUIREMENTS.—The research con-
18 ducted by a Center of Excellence pursuant to
19 subparagraph (A)—

20 “(i) shall be designed to improve un-
21 derstanding of the etiology, early identi-
22 fication, prevention, best treatment, med-
23 ical and psychological sequelae of and re-
24 covery from eating disorders;

1 “(ii) shall be conducted in the fields of
2 basic, clinical, prevention, and intervention
3 sciences; and

4 “(iii) should include—

5 “(I) studies clarifying the
6 nosology and assessment of eating dis-
7 orders;

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

12 “(III) studies of promising treat-
13 ments for eating disorders;

14 “(IV) evaluation of prevention
15 programs for eating disorders; and

16 “(V) studies of the medical, psy-
17 chological, and social sequelae of eat-
18 ing disorders.

19 “(C) EQUAL REPRESENTATION OF RE-
20 SEARCH AREAS.—In awarding grants and con-
21 tracts under paragraph (1), the Director of
22 NIH shall, to the extent practicable and appro-
23 priate, ensure that each of the research areas
24 required by clauses (i) and (ii) of subparagraph
25 (B) are equally represented.

1 “(3) TRAINING TO PERFORM EATING DIS-
2 ORDERS RESEARCH.—Each Center of Excellence
3 shall provide at least 3 positions for doctoral level
4 and post-doctoral level research trainees.

5 “(4) SERVICES FOR PATIENTS.—

6 “(A) IN GENERAL.—A Center of Excel-
7 lence may expend amounts provided under a
8 grant or contract under such paragraph to
9 carry out a program to make individuals aware
10 of opportunities to participate as subjects in re-
11 search conducted by such Centers.

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

20 “(C) AVAILABILITY AND ACCESS.—The ex-
21 tent to which a Center of Excellence can dem-
22 onstrate availability and access to clinical serv-
23 ices shall be considered by the Director of NIH
24 in decisions about awarding grants or contracts

1 to applicants that meet the scientific criteria for
2 funding under this section.

3 “(5) COORDINATION OF CENTERS OF EXCEL-
4 LENCE.—

5 “(A) IN GENERAL.—The Director of the
6 National Institute of Mental Health shall, as
7 appropriate, provide for the coordination of in-
8 formation among Centers of Excellence and en-
9 sure regular communication between such Cen-
10 ters.

11 “(B) PERIODIC REPORTS.—The Director
12 of the National Institute of Mental Health may
13 require the periodic preparation of reports on
14 the activities of Centers of Excellence and the
15 submission of such reports to the Director.

16 “(C) COLLECTION AND STORAGE OF
17 DATA.—The Director of the National Institute
18 of Mental Health shall establish and fund
19 mechanisms and entities for collecting, storing,
20 and coordinating data collected by Centers of
21 Excellence and data generated from public and
22 private research partnerships.

23 “(6) ORGANIZATION.—Each Center of Excel-
24 lence shall use the facilities of a single institution,
25 or be formed from a consortium of cooperating insti-

1 tutions, meeting such requirements as may be pre-
2 scribed by the Director of NIH.

3 “(7) NUMBER; DURATION; ADDITIONAL PERI-
4 ODS.—

5 “(A) IN GENERAL.—The Director of NIH
6 shall award grants and contracts to not fewer
7 than 3 entities under paragraph (1).

8 “(B) DURATION.—Except as provided in
9 subparagraph (C), a grant or contract awarded
10 under paragraph (1) shall not exceed a period
11 of 5 years.

12 “(C) ADDITIONAL PERIODS.—

13 “(i) EXTENSION.—The period of a
14 grant or contract awarded under para-
15 graph (1) may be extended 1 or more addi-
16 tional periods not exceeding a total of 5
17 years if the operations of the Center of Ex-
18 cellence involved have been reviewed by an
19 appropriate technical and scientific peer
20 review group (including investigators from
21 the field of eating disorders) established by
22 the Director of NIH and the group has
23 recommended to the Director that such pe-
24 riod should be extended.

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

5 “(D) PUBLIC INPUT.—In carrying out this
6 section, the Director of NIH shall provide for a
7 means through which the public can obtain in-
8 formation on the existing and planned pro-
9 grams and activities of the National Institutes
10 of Health with respect to eating disorders and
11 through which the Director can receive com-
12 ments from the public regarding such programs
13 and activities.

14 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
15 is authorized to be appropriated to carry out this section,
16 \$20,000,000 for each of fiscal years 2012 through 2016.
17 Amounts appropriated under this subsection shall be in
18 addition to any other amounts appropriated for such pur-
19 pose.

20 **“SEC. 499C. COLLABORATIVE PROGRAMS OF RESEARCH IN**
21 **EATING DISORDERS.**

22 “(a) IN GENERAL.—The Director of NIH, acting
23 through the Director of the National Institute of Mental
24 Health, the Director of the National Institute of Diabetes
25 and Digestive and Kidney Diseases, the Director of the

1 Eunice Kennedy Shriver National Institute of Child
2 Health and Human Development, the Director of the Of-
3 fice of Research on Women’s Health, and any other agen-
4 cies or offices of the National Institutes of Health that
5 the Director determines appropriate, in consultation with
6 leading eating disorders researchers and clinicians, shall
7 award grants and contracts to public or nonprofit private
8 entities to pay all or part of the cost of planning, estab-
9 lishing, improving, and providing basic operating support
10 for collaborative programs of research in eating disorders.

11 “(b) RESEARCH.—Each program established under
12 subsection (a)—

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

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

18 “(c) COORDINATION OF PROGRAMS.—

19 “(1) IN GENERAL.—The Director of NIH shall,
20 as appropriate, provide for the coordination of infor-
21 mation among programs established under sub-
22 section (a), and Centers of Excellence receiving
23 funding under section 499B, and ensure regular
24 communication between such programs and Centers.

1 “(2) PERIODIC REPORTS.—The Director of
2 NIH may require the periodic preparation of reports
3 on the activities of the programs established under
4 subsection (a) and the submission of such reports to
5 the Director.

6 “(3) COLLECTION AND STORAGE OF DATA.—
7 The Director of NIH shall establish and fund mech-
8 anisms and entities for collecting, storing, and co-
9 ordinating data collected by the programs estab-
10 lished under subsection (a) and data generated from
11 public and private research partnerships.

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

16 “(e) NUMBER AND DURATION.—

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

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

23 “(3) ADDITIONAL PERIODS.—

24 “(A) EXTENSION.—The period of a grant
25 or contract awarded under subsection (a) may

1 be extended for 1 or more additional periods
2 not exceeding 5 years if the operations of the
3 program involved have been reviewed by an ap-
4 propriate technical and scientific peer review
5 group established by the Director of NIH and
6 the group has recommended to the Director
7 that such period should be extended.

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

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

16 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
17 is authorized to be appropriated to carry out this section,
18 \$20,000,000 for each of fiscal years 2012 through 2016.
19 Amounts appropriated under this subsection shall be in
20 addition to any other amounts appropriated for such pur-
21 pose.”.

1 **SEC. 102. EATING DISORDERS SURVEILLANCE AND RE-**
2 **SEARCH PROGRAM.**

3 Title III of the Public Health Service Act (42 U.S.C.
4 241 et seq.) is amended by adding at the end thereof the
5 following:

6 **“PART W—PROGRAMS RELATING TO EATING**
7 **DISORDERS**

8 **“SEC. 3990O. EATING DISORDERS SURVEILLANCE AND RE-**
9 **SEARCH PROGRAM.**

10 **“(a) NATIONAL EATING DISORDERS SURVEILLANCE**
11 **PROGRAM.—**

12 **“(1) IN GENERAL.—**The Secretary, acting
13 through the Director of the Centers for Disease
14 Control and Prevention and in consultation with
15 leading eating disorders researchers and clinicians—

16 **“(A)** shall provide for the collection, anal-
17 ysis, and reporting of epidemiological data on
18 eating disorders through the existing surveil-
19 lance programs of the Centers, such as the Be-
20 havioral Risk Factor Surveillance System;

21 **“(B)** shall make recommendations to en-
22 hance existing surveillance programs of the
23 Centers, such as the Behavioral Risk Factor
24 Surveillance System, to more accurately collect
25 epidemiological data on disordered eating and
26 eating disorders;

1 “(C) may award grants and cooperative
2 agreements and may provide direct technical as-
3 sistance to eligible entities for the collection,
4 analysis, and reporting of such data; and

5 “(D) shall examine and improve require-
6 ments for reporting deaths on death certificates
7 to accurately account for those cases in which
8 an eating disorder is the underlying or contrib-
9 uting cause of death.

10 “(2) ELIGIBILITY.—To be eligible to receive a
11 grant or cooperative agreement under paragraph
12 (1)(C), an entity shall be a public or nonprofit pri-
13 vate entity (including a health department of a State
14 or political subdivisions of a State, a university, or
15 any other educational institution), and submit to the
16 Secretary an application at such time, in such man-
17 ner, and containing such information as the Sec-
18 retary may require.

19 “(b) CENTER OF EATING DISORDERS EPIDEMI-
20 OLOGY.—

21 “(1) IN GENERAL.—The Secretary, acting
22 through the Director of the Centers for Disease
23 Control and Prevention, shall establish a Center of
24 Eating Disorders Epidemiology for the purpose of
25 collecting and analyzing information on—

1 “(A) the number, incidence, incidence
2 trends over time, correlates, mortality, and
3 causes of eating disorders;

4 “(B) the effects of eating disorders on
5 quality of life, including disability adjusted life
6 years (DALY) and quality adjusted life years
7 (QALY); and

8 “(C) economic analysis of the costs of eat-
9 ing disorders in the United States, including
10 years of productive life lost, missed days of
11 work, reduced work productivity, costs of med-
12 ical and mental health treatment, prescriptions,
13 other medications, hospitalizations, costs of
14 medical and psychiatric comorbidities, costs to
15 family, and costs to society.

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

23 “(3) REQUIREMENTS.—To be eligible to receive
24 a grant or cooperative agreement under paragraph
25 (2), an entity shall submit to the Secretary an appli-

1 cation containing such agreements and information
2 as the Secretary may require, including an agree-
3 ment that the Center of Eating Disorders Epidemi-
4 ology will operate in accordance with the following:

5 “(A) The Center will collect, analyze, and
6 report eating disorders data according to guide-
7 lines prescribed by the Director of the Centers
8 for Disease Control and Prevention, after con-
9 sultation with relevant State and local public
10 health officials, private sector eating disorder
11 researchers and clinicians, and advocates for
12 those with eating disorders.

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

16 “(C) The Center will identify eligible cases
17 and controls through its surveillance systems
18 and conduct research into factors which may
19 cause or increase the risk of eating disorders.

20 “(D) The Center will develop or extend an
21 area of special research expertise (including ge-
22 netics, environmental exposures, and other rel-
23 evant research specialty areas).

24 “(e) CLEARINGHOUSE.—The Secretary, acting
25 through the Director of the Centers for Disease Control

1 and Prevention and in consultation with leading eating
2 disorders researchers and clinicians, shall carry out the
3 following:

4 “(1) ESTABLISHMENT.—The Secretary shall es-
5 tablish a clearinghouse within the Centers for Dis-
6 ease Control and Prevention for the collection and
7 storage of data generated from the monitoring pro-
8 grams established under this section and part J of
9 title IV. Through the clearinghouse, the Centers for
10 Disease Control and Prevention shall serve as the
11 coordinating agency for eating disorders surveillance
12 activities. The functions of such clearinghouse shall
13 include facilitating the coordination of research and
14 policy development relating to the prevention, treat-
15 ment, and epidemiology of eating disorders.

16 “(2) FACILITATION OF RESEARCH.—The Sec-
17 retary shall provide for the establishment of a pro-
18 gram under which samples of tissues and genetic
19 and other biological materials that are of use in re-
20 search on eating disorders are donated, collected,
21 preserved, and made available for such research.
22 Such program shall be carried out in accordance
23 with accepted scientific and medical standards for
24 the donation, collection, and preservation of such
25 samples, and shall be conducted so that the tissues

1 and other materials saved, as well as any database
2 compiled from such tissues and materials, are avail-
3 able to researchers at a reasonable cost.

4 “(3) COORDINATION.—The Centers for Disease
5 Control and Prevention shall coordinate research
6 and surveillance activities of such Centers with the
7 National Institutes of Health, other appropriate
8 Federal agencies, and interested nonprofit private
9 entities, which shall be updated as determined ap-
10 propriate by the Secretary.

11 “(d) DEFINITION.—In this section, the term ‘eating
12 disorder’ includes anorexia nervosa, bulimia nervosa, and
13 eating disorders not otherwise specified (EDNOS) (includ-
14 ing binge eating disorder), as defined in the fourth edition
15 of ‘Diagnostic and Statistical Manual of Mental Disorders’
16 or, if applicable, the most recent successor edition.

17 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
18 is authorized to be appropriated to carry out this section,
19 \$2,000,000 for each of fiscal years 2012 through 2016.”.

20 **TITLE II—EDUCATION AND** 21 **PREVENTION**

22 **SEC. 201. STUDY OF MANDATORY BMI REPORTING IN** 23 **SCHOOL.**

24 Not later than 1 year after the date of the enactment
25 of this Act, the Director of the Centers for Disease Control

1 and Prevention, in consultation with the Secretary of Edu-
2 cation and leading eating disorders researchers and clini-
3 cians, shall conduct a study and submit a report to the
4 Congress on—

5 (1) measuring the body mass index (in this sec-
6 tion referred to as “BMI”) of students for those
7 schools (at any level including pre-schools, kinder-
8 gartens, elementary schools, secondary schools, and
9 institutions of higher education) that are measuring
10 the BMI of students;

11 (2) the impacts (both positive and negative) on
12 students of such measures, including unhealthy
13 weight control behaviors, perceptions of body image,
14 eating disorder symptoms, and the incidence of teas-
15 ing or bullying based on body size; and

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

19 **SEC. 202. TRAINING AND EDUCATION.**

20 (a) IN GENERAL.—The Secretary of Health and
21 Human Services, acting through the Director of the Office
22 on Women’s Health of the Department of Health and
23 Human Services and in consultation with the Secretary
24 of Education and with the Task Force for Health Profes-
25 sions established under section 399Z(b) of the Public

1 Health Service Act (as added by section 203(a)(2) of this
2 Act), shall—

3 (1) expand the BodyWise Handbook and re-
4 lated fact sheets and resource lists available on the
5 public Internet site of the National Women’s Health
6 Information Center sponsored by the Office on
7 Women’s Health, to include—

8 (A) updated findings and conclusions as
9 needed; and

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

12 (2) incorporate, as appropriate, information
13 from such BodyWise Handbook and related facts
14 sheets and resource lists into the curriculum of the
15 BodyWorks obesity prevention program developed by
16 the Office on Women’s Health and training modules
17 used in such obesity prevention program; and

18 (3) promote and make publicly available
19 (whether through a public Internet site or other
20 method that does not impose a fee on users) the
21 BodyWise Handbook and related fact sheets and re-
22 source lists, as updated under paragraph (1), and
23 the BodyWorks obesity prevention program, as up-
24 dated under paragraph (2), including for purposes of

1 educating universities and nonprofit entities on eat-
2 ing disorders.

3 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated \$1,000,000 to carry out
5 subsection (a).

6 **SEC. 203. HEALTH PROFESSIONAL EDUCATION AND TRAIN-**
7 **ING.**

8 Section 399Z of the Public Health Service Act (42
9 U.S.C. 280h–3) is amended—

10 (1) by redesignating subsection (b) as sub-
11 section (d); and

12 (2) by inserting after subsection (a) the fol-
13 lowing new subsections:

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

15 “(1) ESTABLISHMENT.—The Secretary, acting
16 through the Administrator of the Health Resources
17 and Services Administration and one or more of the
18 Centers of Excellence receiving funds under section
19 499B(b), shall establish a Task Force for Health
20 Professions (in this subsection referred to as the
21 ‘task force’) comprised of experts in the field of eat-
22 ing disorders (including researchers, clinicians, care
23 providers, and experts in eating disorders education
24 and prevention), individuals with eating disorders,

1 and individuals with family members who have eat-
2 ing disorders.

3 “(2) DUTIES.—The task force shall—

4 “(A) develop, based on the BodyWise
5 Handbook and related fact sheets and resource
6 lists available on the public Internet site of the
7 National Women’s Health Information Center
8 sponsored by the Office on Women’s Health of
9 the Department of Health and Human Services
10 and updated under section 202(a)(1) of the
11 Federal Response to Eliminate Eating Dis-
12 orders Act of 2011, an evidence-based or
13 emerging best-practices training program for
14 health professionals on eating disorders;

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

17 “(C) provide training and technical assist-
18 ance to grant recipients.

19 “(3) REPORT.—Not later than 6 years after the
20 date of the enactment of this subsection, the task
21 force shall submit to the Congress and make publicly
22 available a report on the training program developed
23 under paragraph (2) and the results achieved
24 through grants awarded for implementation of such
25 program.

1 “(c) DEFINITION.—In this section, the term ‘eating
2 disorder’ has the meaning given such term in section
3 39900(d).”; and

4 (3) by amending subsection (d) (as so redesign-
5 nated) to read as follows:

6 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated—

8 “(1) to carry out subsection (a), \$1,000,000 for
9 fiscal year 2012 and \$500,000 for each of fiscal
10 years 2013 through 2016; and

11 “(2) to carry out subsection (b), \$10,000,000
12 for each of fiscal years 2012 through 2016.”.

13 **SEC. 204. EDUCATION AND TRAINING FOR ALL HEALTH**
14 **PROFESSIONALS.**

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

18 (1) by redesignating subsections (c) and (d) as
19 subsections (d) and (e), respectively;

20 (2) by inserting after subsection (b) the fol-
21 lowing new subsection:

22 “(c) GRANTS REGARDING EATING DISORDERS.—

23 “(1) IN GENERAL.—The Secretary may award
24 grants to eligible entities to integrate training into
25 existing curricula for primary care physicians and

1 other licensed or certified health and mental health
2 professionals on how to identify, refer, treat, and
3 prevent eating disorders and aid individuals who suf-
4 fer from eating disorders.

5 “(2) APPLICATION.—An entity that desires a
6 grant under this subsection shall submit to the Sec-
7 retary an application at such time, in such manner,
8 and containing such information as the Secretary
9 may require, including a plan for the use of funds
10 that may be awarded and an evaluation of the train-
11 ing that will be provided.

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

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

24 “(i) how to treat or prevent eating
25 disorders;

1 “(ii) how to discuss varied strategies
2 with patients from at-risk and diverse pop-
3 ulations to promote positive behavior
4 change and healthy lifestyles to prevent
5 eating disorders;

6 “(iii) how to identify individuals with
7 eating disorders, and those who are at risk
8 for suffering from eating disorders and,
9 therefore, at risk for related serious and
10 chronic medical and mental health condi-
11 tions; and

12 “(iv) how to conduct a comprehensive
13 assessment of individual and familial
14 health risk factors; and

15 “(B) evaluate and report to the Task
16 Force for Health Professions on the effective-
17 ness of the training provided by such entity in
18 increasing knowledge and changing attitudes
19 and behaviors of trainees.”; and

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

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

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

1 (C) by adding at the end the following new
2 paragraph:

3 “(3) to carry out subsection (c), \$10,000,000
4 for each of fiscal years 2012 through 2016.”.

5 **SEC. 205. EDUCATION AND TRAINING FOR SCHOOL AND**
6 **HIGHER EDUCATION PROFESSIONALS.**

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

9 (1) **ESTABLISHMENT.—**Not later than 1 year
10 after the date of the enactment of this Act, the Sec-
11 retary of Health and Human Services, in consulta-
12 tion with Centers of Excellence receiving funds
13 under section 499B of the Public Health Service Act
14 (as added by section 101 of this Act) and experts in
15 eating disorder prevention and treatment, shall es-
16 tablish a Task Force on Eating Disorders Preven-
17 tion in Educational Institutions (in this subsection
18 referred to as the “task force”).

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

20 (A) expand upon and incorporate informa-
21 tion from the BodyWise eating disorder initia-
22 tive implemented by the Office on Women’s
23 Health of the Department of Health and
24 Human Services to develop and provide training
25 on eating disorders identification and preven-

1 tion for students, faculty, coaches, and staff in
2 kindergartens, elementary schools, secondary
3 schools, and institutions of higher education;

4 (B) develop a program of educational semi-
5 nars on eating disorders identification and pre-
6 vention for use by grant recipients under sub-
7 section (b); and

8 (C) provide training to grant recipients
9 under subsection (b) on implementing such a
10 program, including by integration into existing
11 applicable training curricula.

12 (b) GRANTS.—

13 (1) AUTHORIZATION.—The Secretary of Health
14 and Human Services, acting through the Adminis-
15 trator of the Substance Abuse and Mental Health
16 Services Administration, shall award grants to eligi-
17 ble entities—

18 (A) to conduct educational seminars on
19 eating disorders identification and prevention;
20 and

21 (B) to make resources available to individ-
22 uals affected by eating disorders.

23 (2) EDUCATIONAL SEMINARS.—As a condition
24 on the receipt of a grant under this subsection, an

1 eligible entity shall agree to conduct educational
2 seminars under paragraph (1)(A)—

3 (A) in accordance with the program devel-
4 oped under subsection (a)(2)(B) by the Task
5 Force on Eating Disorders Prevention in Edu-
6 cational Institutions; and

7 (B) taking into consideration educational
8 materials made available through the BodyWise
9 eating disorder initiative of the Department of
10 Health and Human Services and relevant re-
11 search on eating disorders.

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

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

22 Not later than 18 months after the date of the enact-
23 ment of this Act, the National Center for Education Sta-
24 tistics and the National Center for Health Statistics shall

1 conduct a study on the impact of eating disorders on edu-
2 cational advancement and achievement. The study shall—

3 (1) determine the prevalence of eating disorders
4 among students and the morbidity and mortality
5 rates associated with eating disorders;

6 (2) evaluate the extent to which students with
7 eating disorders are more likely to miss school, have
8 delayed rates of social, emotional, and physical de-
9 velopment, or have reduced academic performance;

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

13 (4) make recommendations on measures that
14 could be undertaken by the Congress, the Depart-
15 ment of Education, States, and local educational
16 agencies to strengthen eating disorder prevention
17 and awareness programs.

18 **SEC. 207. PUBLIC SERVICE ANNOUNCEMENTS.**

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

22 (1) the types of eating disorders;

23 (2) the seriousness of eating disorders (includ-
24 ing prevalence, comorbidities, and physical and men-
25 tal health consequences);

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

3 (4) discrimination and bullying based on body
4 size;

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

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

8 (b) COLLABORATION.—The Director of the National
9 Institute of Mental Health shall conduct the program
10 under subsection (a) in collaboration with—

11 (1) Centers of Excellence receiving funds under
12 section 499B of the Public Health Service Act, as
13 added by section 101; and

14 (2) community-based national nonprofit re-
15 sources that—

16 (A) support individuals affected by eating
17 disorders; and

18 (B) work to prevent eating disorders and
19 address body image and weight issues.

20 (c) ANNOUNCEMENT REQUIREMENTS.—In carrying
21 out the program of public service announcements required
22 by subsection (a), the Director of the National Institute
23 of Mental Health shall ensure that such announcements—

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

4 (2) do not promote or aggravate eating dis-
5 orders, such as by incorporating images, specific be-
6 haviors, or statistics that make eating disorders
7 seem attractive;

8 (3) feature—

9 (A) real people who are or were affected by
10 eating disorders, including individuals who have
11 died of such disorders; and

12 (B) not actors or models in place of such
13 people;

14 (4) make clear that—

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

17 (B) individuals affected by eating disorders
18 need to seek help; and

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

21 **SEC. 208. SENSE OF CONGRESS.**

22 It is the sense of the Congress that—

23 (1) federally funded campaigns to fight obesity
24 should address eating disorders; and

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

3 **TITLE III—TREATMENT**

4 **SEC. 301. COVERAGE FOR TREATMENT FOR EATING DIS-**
5 **ORDERS UNDER GROUP HEALTH PLANS, IN-**
6 **DIVIDUAL HEALTH INSURANCE COVERAGE,**
7 **AND FEHBP.**

8 (a) GROUP HEALTH PLANS.—

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

13 **“SEC. 2708. COVERAGE FOR TREATMENT FOR EATING DIS-**
14 **ORDERS.**

15 “(a) COVERAGE.—A group health plan, and a health
16 insurance issuer offering group health insurance coverage
17 in connection with a group health plan, that provides med-
18 ical and surgical benefits shall provide coverage for treat-
19 ment for eating disorders consistent with the provisions
20 of this section.

21 “(b) PROHIBITIONS.—A group health plan, and a
22 health insurance issuer offering group health insurance
23 coverage in connection with a group health plan, shall
24 not—

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

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

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

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

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

24 “(6) deny to an individual participant or bene-
25 ficiary continued eligibility to enroll or to renew cov-

1 erage under the terms of the plan, solely because the
2 individual was previously found to have an eating
3 disorder or to have received treatment for an eating
4 disorder.

5 “(c) OUT-OF-NETWORK PROVIDERS.—In the case of
6 a group health plan, or health insurance issuer offering
7 group health insurance coverage in connection with a
8 group health plan, that provides both medical and surgical
9 benefits and coverage for treatment for eating disorders,
10 if the plan or coverage provides coverage for medical or
11 surgical benefits provided by out-of-network providers, the
12 plan or coverage shall provide coverage for treatment for
13 eating disorders provided by out-of-network providers in
14 a manner that is consistent with the requirements of this
15 section.

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

24 “(e) PREEMPTION.—Nothing in this section shall be
25 construed to preempt any State law in effect on the date

1 of enactment of this section with respect to health insur-
2 ance coverage that requires coverage of at least the cov-
3 erage for treatment for eating disorders otherwise re-
4 quired under this section.

5 “(f) EATING DISORDERS DEFINED.—For purposes
6 of this section, the term ‘eating disorder’ includes anorexia
7 nervosa, bulimia nervosa, and eating disorders not other-
8 wise specified (EDNOS) (including binge eating disorder),
9 as defined in the fourth edition of ‘Diagnostic and Statis-
10 tical Manual of Mental Disorders’ or, if applicable, the
11 most recent successor edition.”.

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

16 **“SEC. 714. COVERAGE FOR TREATMENT FOR EATING DIS-**
17 **ORDERS.**

18 “(a) COVERAGE.—A group health plan, and a health
19 insurance issuer offering group health insurance coverage
20 in connection with a group health plan, that provides med-
21 ical and surgical benefits shall provide coverage for treat-
22 ment for eating disorders consistent with the provisions
23 of this section.

24 “(b) PROHIBITIONS.—A group health plan, and a
25 health insurance issuer offering group health insurance

1 coverage in connection with a group health plan, shall
2 not—

3 “(1) deny to an individual eligibility, or contin-
4 ued eligibility, to enroll or to renew coverage under
5 the terms of the plan, solely for the purpose of
6 avoiding the requirement of this section;

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

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

18 “(4) penalize or otherwise reduce or limit the
19 reimbursement of a provider because such provider
20 provided care to an individual participant or bene-
21 ficiary in accordance with this section;

22 “(5) provide incentives (monetary or otherwise)
23 to a provider to induce such provider to provide care
24 to an individual participant or beneficiary in a man-
25 ner inconsistent with this section; or

1 “(6) deny to an individual participant or bene-
2 ficiary continued eligibility to enroll or to renew cov-
3 erage under the terms of the plan, solely because the
4 individual was previously found to have an eating
5 disorder or to have received treatment for an eating
6 disorder.

7 “(c) OUT-OF-NETWORK PROVIDERS.—In the case of
8 a group health plan, or health insurance issuer offering
9 group health insurance coverage in connection with a
10 group health plan, that provides both medical and surgical
11 benefits and coverage for treatment for eating disorders,
12 if the plan or coverage provides coverage for medical or
13 surgical benefits provided by out-of-network providers, the
14 plan or coverage shall provide coverage for treatment for
15 eating disorders provided by out-of-network providers in
16 a manner that is consistent with the requirements of this
17 section.

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

1 “(e) PREEMPTION.—Nothing in this section shall be
2 construed to preempt any State law in effect on the date
3 of enactment of this section with respect to health insur-
4 ance coverage that requires coverage of at least the cov-
5 erage for treatment for eating disorders otherwise re-
6 quired under this section.

7 “(f) EATING DISORDERS DEFINED.—For purposes
8 of this section, the term ‘eating disorder’ includes anorexia
9 nervosa, bulimia nervosa, and eating disorders not other-
10 wise specified (EDNOS) (including binge eating disorder),
11 as defined in the fourth edition of ‘Diagnostic and Statis-
12 tical Manual of Mental Disorders’ or, if applicable, the
13 most recent successor edition.”.

14 (B) Section 732(a) of such Act (29 U.S.C.
15 1191a(a)) is amended by striking “section 711” and
16 inserting “sections 711 and 714”.

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

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

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

1 **“SEC. 9813. COVERAGE FOR TREATMENT FOR EATING DIS-**
2 **ORDERS.**

3 “(a) **COVERAGE.**—A group health plan that provides
4 medical and surgical benefits shall provide coverage for
5 treatment for eating disorders consistent with the provi-
6 sions of this section.

7 “(b) **PROHIBITIONS.**—A group health plan shall
8 not—

9 “(1) deny to an individual eligibility, or contin-
10 ued eligibility, to enroll or to renew coverage under
11 the terms of the plan, solely for the purpose of
12 avoiding the requirement of this section;

13 “(2) deny coverage for treatment of eating dis-
14 orders, including coverage for residential treatment
15 of eating disorders, if such treatment is medically
16 necessary in accordance with the Practice Guidelines
17 for the Treatment of Patients with Eating Dis-
18 orders, as most recently published by the American
19 Psychiatric Association;

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

24 “(4) penalize or otherwise reduce or limit the
25 reimbursement of a provider because such provider

1 provided care to an individual participant or bene-
2 ficiary in accordance with this section;

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

7 “(6) deny to an individual participant or bene-
8 ficiary continued eligibility to enroll or to renew cov-
9 erage under the terms of the plan, solely because the
10 individual was previously found to have an eating
11 disorder or to have received treatment for an eating
12 disorder.

13 “(c) OUT-OF-NETWORK PROVIDERS.—In the case of
14 a group health plan that provides both medical and sur-
15 gical benefits and coverage for treatment for eating dis-
16 orders, if the plan provides coverage for medical or sur-
17 gical benefits provided by out-of-network providers, the
18 plan or coverage shall provide coverage for treatment for
19 eating disorders provided by out-of-network providers in
20 a manner that is consistent with the requirements of this
21 section.

22 “(d) RULE OF CONSTRUCTION.—Nothing in this sec-
23 tion shall be construed as preventing a group health plan
24 or issuer from imposing deductibles, coinsurance, or other
25 cost-sharing in relation to treatment for eating disorders,

1 except that such deductibles, coinsurance, or other cost-
2 sharing may not be greater than the deductibles, coinsur-
3 ance, or other cost-sharing imposed on other comparable
4 medical or surgical services covered under the plan.

5 “(e) EATING DISORDERS DEFINED.—For purposes
6 of this section, the term ‘eating disorder’ includes anorexia
7 nervosa, bulimia nervosa, and eating disorders not other-
8 wise specified (EDNOS) (including binge eating disorder),
9 as defined in the fourth edition of ‘Diagnostic and Statis-
10 tical Manual of Mental Disorders’ or, if applicable, the
11 most recent successor edition.”.

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

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

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

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

22 **“SEC. 2754. COVERAGE FOR TREATMENT FOR EATING DIS-**
23 **ORDERS.**

24 “The provisions of section 2708 shall apply to health
25 insurance coverage offered by a health insurance issuer

1 in the individual market in the same manner as it applies
2 to health insurance coverage offered by a health insurance
3 issuer in connection with a group health plan in the small
4 or large group market.”.

5 (2) Section 2762(b)(2) of such Act (42 U.S.C.
6 300gg-62(b)(2)) is amended by striking “section 2751”
7 and inserting “sections 2751 and 2754”.

8 (c) APPLICATION UNDER FEDERAL EMPLOYEES
9 HEALTH BENEFITS PROGRAM (FEHBP).—Section 8902
10 of title 5, United States Code, is amended by adding at
11 the end the following new subsection:

12 “(p) A contract may not be made or a plan approved
13 which does not comply with the requirements of section
14 2708 of the Public Health Service Act.”.

15 (d) EFFECTIVE DATES.—

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

21 (2) The amendments made by subsection (b)
22 shall apply with respect to health insurance coverage
23 offered, sold, issued, renewed, in effect, or operated
24 in the individual market on or after the date that is

1 6 months after the date of the enactment of this
2 Act.

3 (e) COORDINATION OF ADMINISTRATION.—The Sec-
4 retary of Labor, the Secretary of Health and Human Serv-
5 ices, and the Secretary of the Treasury shall ensure,
6 through the execution of an interagency memorandum of
7 understanding among such Secretaries, that—

8 (1) regulations, rulings, and interpretations
9 issued by such Secretaries relating to the same mat-
10 ter over which two or more such Secretaries have re-
11 sponsibility under the provisions of this section (and
12 the amendments made thereby) are administered so
13 as to have the same effect at all times; and

14 (2) coordination of policies relating to enforcing
15 the same requirements through such Secretaries in
16 order to have a coordinated enforcement strategy
17 that avoids duplication of enforcement efforts and
18 assigns priorities in enforcement.

19 **TITLE IV—IMPROVING AVAIL-**
20 **ABILITY AND ACCESS TO**
21 **TREATMENT**

22 **SEC. 401. MEDICAID COVERAGE FOR EATING DISORDER**
23 **TREATMENT SERVICES.**

24 (a) IN GENERAL.—Section 1905 of the Social Secu-
25 rity Act (42 U.S.C. 1396d(a)), as amended by section

1 2301(a)(1) of the Patient Protection and Affordable Care
2 Act (Public Law 111–148) and section 1202(b) of the
3 Health Care and Education Reconciliation Act of 2010
4 (Public Law 111–152), is amended—

5 (1) in subsection (a)—

6 (A) in paragraph (28), by striking “and”
7 at the end;

8 (B) by redesignating paragraph (29) as
9 paragraph (30); and

10 (C) by inserting after paragraph (28) the
11 following new paragraph:

12 “(29) eating disorder treatment services (as de-
13 fined in subsection (ee)(1)); and”;

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

16 “(ee) EATING DISORDER TREATMENT SERVICES.—

17 “(1) DEFINITION.—The term ‘eating disorder
18 treatment services’ means services relating to diag-
19 nosis and treatment of an eating disorder (as de-
20 fined in section 3990O of the Public Health Service
21 Act), including screening, counseling,
22 pharmacotherapy (including coverage of drugs de-
23 scribed in paragraph (2)), and other necessary
24 health care services.

1 “(2) COVERAGE FOR PHARMACOLOGICAL
2 TREATMENT OF EATING DISORDERS.—For purposes
3 of paragraph (1), eating disorder treatment services
4 shall include drugs provided as part of care in an in-
5 patient setting, covered outpatient drugs (as defined
6 in section 1927(k)(2)), and non-prescription drugs
7 described in section 1927(d)(2)(A) that are pre-
8 scribed, in accordance with generally accepted med-
9 ical guidelines, for treatment of an eating disorder.”.

10 (b) INCREASED FMAP FOR EATING DISORDER
11 TREATMENT SERVICES.—Section 1905(b) of the Social
12 Security Act (42 U.S.C. 1396d(b)), as amended by section
13 4106(b) of the Patient Protection and Affordable Care
14 Act, is amended—

15 (1) by striking “and” before “(5)”; and

16 (2) by inserting before the period at the end the
17 following: “, and (6) the Federal medical assistance
18 percentage shall be equal to the enhanced FMAP de-
19 scribed in section 2105(b) with respect to medical
20 assistance for eating disorder treatment services (as
21 defined in subsection (ee)(1)) provided to an indi-
22 vidual who is eligible for such assistance and has an
23 eating disorder (as defined in section 3990O of the
24 Public Health Service Act)”.

1 (c) INCLUSION IN EPSDT SERVICES.—Section
2 1905(r)(1)(B) of such Act (42 U.S.C. 1396d(r)(1)(B)) is
3 amended—

4 (1) in clause (iv), by striking “and” at the end;

5 (2) in clause (v), by striking the period at the
6 end and inserting “; and”; and

7 (3) by inserting after clause (v) the following
8 new clause:

9 “(vi) appropriate diagnostic services
10 relating to eating disorders (as defined in
11 section 3990O of the Public Health Serv-
12 ice Act).”.

13 (d) EXCEPTION FROM OPTIONAL RESTRICTION
14 UNDER MEDICAID DRUG COVERAGE.—Section
15 1927(d)(2)(A) of such Act (42 U.S.C. 1396r–8(d)(2)(A))
16 is amended by inserting before the period at the end the
17 following: “, except for drugs that are prescribed, in ac-
18 cordance with generally accepted medical guidelines, for
19 the purpose of treatment of an individual who is eligible
20 for medical assistance under the State plan and has an
21 eating disorder (as defined in section 3990O of the Public
22 Health Service Act)”.

23 (e) EFFECTIVE DATE.—The amendments made by
24 this section shall apply to drugs and services furnished
25 on or after the date of the enactment of this Act.

1 **SEC. 402. GRANTS TO SUPPORT PATIENT ADVOCACY.**

2 Subpart II of part D of title IX of the Public Health
3 Service Act, as amended by section 6301(b) of the Patient
4 Protection and Affordable Care Act (Public Law 111–
5 148), is further amended by adding at the end the fol-
6 lowing:

7 **“SEC. 938. GRANTS TO SUPPORT PATIENT ADVOCACY.**

8 “(a) GRANTS.—The Secretary, acting through the
9 Director, shall award grants under this section to develop
10 and support patient advocacy work to help individuals with
11 eating disorders obtain adequate health care services and
12 insurance coverage.

13 “(b) ELIGIBILITY.—To be eligible to receive a grant
14 under this section, an entity shall—

15 “(1) be a public or nonprofit private entity (in-
16 cluding a health department of a State or tribal
17 agency, a community-based organization, or an insti-
18 tution of higher education);

19 “(2) prepare and submit to the Secretary an
20 application at such time, in such manner, and con-
21 taining such information as the Secretary may re-
22 quire, including—

23 “(A) comprehensive strategies for advo-
24 cating on behalf of, and working with, individ-
25 uals with eating disorders or at risk for devel-
26 oping eating disorders;

1 “(B) a plan for consulting with commu-
2 nity-based coalitions, treatment centers, or eat-
3 ing disorder research experts who have experi-
4 ence and expertise in issues related to eating
5 disorders or patient advocacy in providing serv-
6 ices under a grant awarded under this section;
7 and

8 “(C) a plan for financial sustainability in-
9 volving State, local, and private contributions.

10 “(c) USE OF FUNDS.—Amounts provided under a
11 grant awarded under this section shall be used to support
12 patient advocacy work, including—

13 “(1) providing education and outreach in com-
14 munity settings regarding eating disorders and asso-
15 ciated health problems, especially among low-income,
16 minority, and medically underserved populations;

17 “(2) facilitating access to appropriate, ade-
18 quate, and timely health care for individuals with
19 eating disorders and associated health problems;

20 “(3) assisting in communication and coopera-
21 tion between patients and providers;

22 “(4) representing the interests of patients in
23 managing health insurance claims and plans;

24 “(5) providing education and outreach regard-
25 ing enrollment in health insurance, including enroll-

1 ment in the Medicare program under title XVIII of
2 the Social Security Act, the Medicaid program under
3 title XIX of such Act, and the Children’s Health In-
4 surance Program under title XXI of such Act;

5 “(6) identifying, referring, and enrolling under-
6 served populations in appropriate health care agen-
7 cies and community-based programs and organiza-
8 tions in order to increase access to high-quality
9 health care services;

10 “(7) providing technical assistance, training,
11 and organizational support for patient advocates;
12 and

13 “(8) creating, operating, and participating in
14 State or regional networks of patient advocates.

15 “(d) REQUIREMENTS OF GRANTEES.—

16 “(1) LIMITATION ON ADMINISTRATIVE EX-
17 PENSES.—A grantee shall not use more than 5 per-
18 cent of the amounts received under a grant under
19 this section for administrative expenses.

20 “(2) CONTRIBUTION OF FUNDS.—A grantee
21 under this section, and any entity receiving assist-
22 ance under the grant for training and education,
23 shall contribute non-Federal funds, either directly or
24 through in-kind contributions, to the costs of the ac-
25 tivities to be funded under the grant in an amount

1 that is not less than 50 percent of the total cost of
2 such activities.

3 “(3) REPORTING TO SECRETARY.—A grantee
4 under this section shall submit to the Secretary a re-
5 port, at such time, in such manner, and containing
6 such information as the Secretary may require, in-
7 cluding a description and evaluation of the activities
8 described in subsection (c) carried out by such enti-
9 ty.

10 “(e) EATING DISORDER.—In this section, the term
11 ‘eating disorder’ has the meaning given such term in sec-
12 tion 39900(e).

13 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
14 carry out this section, there are authorized to be appro-
15 priated \$1,000,000 for each of fiscal years 2012 through
16 2016.”.

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