

116TH CONGRESS  
1ST SESSION

# S. 2673

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

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## IN THE SENATE OF THE UNITED STATES

OCTOBER 23, 2019

Mrs. SHAHEEN (for herself, Ms. MCSALLY, Ms. HIRONO, and Mrs. CAPITO) introduced the following bill; which was read twice and referred to the Committee on Armed Services

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## A BILL

To amend title 10, United States Code, to provide for eating disorders treatment for members and certain former members of the uniformed services, and dependents of such members, 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 “Supporting Eating  
5 Disorders Recovery Through Vital Expansion Act” or the  
6 “SERVE Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

1           (1) Eating disorders affect approximately  
2           30,000,000 Americans, including individuals from  
3           every age, gender, body size, race, and socioeconomic  
4           status.

5           (2) Eating disorders include anorexia nervosa,  
6           bulimia nervosa, binge-eating disorder, avoidant re-  
7           strictive intake disorder, and other specified feeding  
8           or eating disorders.

9           (3) Eating disorders result in the highest mor-  
10          tality rate of any psychiatric illness, and the suicide  
11          rate for individuals with such disorders is 23 percent  
12          higher than the suicide rate for the general popu-  
13          lation.

14          (4) Research demonstrates that—

15                (A) eating disorders often co-occur with  
16                complex medical conditions, mental illnesses,  
17                and substance use disorders; and

18                (B) up to 35 percent of individuals with a  
19                substance use disorder have a co-occurring eat-  
20                ing disorder.

21          (5) Studies indicate that there is a higher prev-  
22          alence of eating disorders among members of the  
23          Armed Forces and veterans than among the general  
24          population.

1           (6) Family members of members of the Armed  
2 Forces have a higher prevalence of eating disorders  
3 than the general population, with 20 percent of chil-  
4 dren of members of the Armed Forces found at risk  
5 of developing an eating disorder.

6           (7) Research has found a significant relation-  
7 ship between eating disorders and members of the  
8 Armed Forces and veterans with a history of post-  
9 traumatic stress and sexual trauma.

10           (8) Female members of the Armed Forces have  
11 a particularly high risk for an eating disorder, as  
12 studies have found that 16 percent of such members  
13 have an eating disorder and 34 percent of such  
14 members are at risk of developing an eating dis-  
15 order.

16 **SEC. 3. EATING DISORDERS TREATMENT FOR DEPEND-**  
17 **ENTS.**

18           Section 1077 of title 10, United States Code, is  
19 amended—

20           (1) in subsection (a)(5), by inserting “, includ-  
21 ing, in accordance with subsection (i), eating dis-  
22 orders” after “chronic conditions”; and

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

1       “(i)(1) The provision of health care services for an  
2 eating disorder under subsection (a)(5) shall include treat-  
3 ment at facilities providing the following hospital-based or  
4 freestanding services:

5           “(A) Inpatient services.

6           “(B) Residential services.

7           “(C) Partial hospitalization services.

8           “(D) Intensive outpatient services.

9           “(E) Outpatient services.

10       “(2) A dependent may be provided health care serv-  
11 ices for an eating disorder under subsection (a)(5) without  
12 regard to the age of the dependent.

13       “(3) Treatment may be provided under paragraph (1)  
14 at a freestanding facility only if the facility—

15           “(A) is certified to provide such treatment  
16 under the TRICARE program; and

17           “(B) provides to the Secretary of Defense  
18 verifiable outcome measurements demonstrating clin-  
19 ical improvement of patients when reasonably pos-  
20 sible to collect such measurements.

21       “(4) In this section, the term ‘eating disorder’ has  
22 the meaning given that term in the Diagnostic and Statis-  
23 tical Manual of Mental Disorders, 5th Edition (or suc-  
24 cessor edition), published by the American Psychiatric As-  
25 sociation.”.

1 **SEC. 4. IDENTIFICATION AND TREATMENT OF EATING DIS-**  
2 **ORDERS FOR MEMBERS OF THE ARMED**  
3 **FORCES.**

4 Section 1090 of title 10, United States Code, is  
5 amended—

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

8 “(a) IDENTIFICATION AND TREATMENT OF EATING  
9 DISORDERS AND DRUG AND ALCOHOL DEPENDENCE.—  
10 The Secretary of Defense”;

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

13 (3) by adding at the end the following new sub-  
14 sections:

15 “(b) FACILITIES AVAILABLE TO INDIVIDUALS WITH  
16 EATING DISORDERS.—For purposes of this section, nec-  
17 essary facilities described in subsection (a) shall include  
18 the facilities described in section 1077(i)(1) of this title.

19 “(c) EATING DISORDER DEFINED.—In this section,  
20 the term ‘eating disorder’ has the meaning given that term  
21 in section 1077(i)(4) of this title.”.

22 **SEC. 5. MENTAL HEALTH EARLY IDENTIFICATION TRAIN-**  
23 **ING.**

24 Section 1090a of title 10, United States Code, is  
25 amended—

26 (1) in subsection (b)—

1 (A) in paragraph (1), by striking “and” at  
2 the end;

3 (B) in paragraph (2), by striking the pe-  
4 riod at the end and inserting “; and”; and

5 (C) by adding at the end the following new  
6 paragraph:

7 “(3) require commanders and supervisory per-  
8 sonnel to undertake mental health early identifica-  
9 tion training.”; and

10 (2) in subsection (e), by adding at the end the  
11 following new paragraph:

12 “(4) The term ‘mental health early identifica-  
13 tion training’ means training designed to educate  
14 the trainee on—

15 “(A) warning signs and symptoms of men-  
16 tal health illness, including an eating disorder;  
17 and

18 “(B) how to refer an individual for mental  
19 health treatment.”.

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