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(Original Signature of Member)

114TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

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

\_\_\_\_\_  
IN THE HOUSE OF REPRESENTATIVES

Mr. DEUTCH introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

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

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Anna Westin Act of  
5 2015”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. Findings.
- Sec. 4. Definition.

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

1 **SEC. 3. FINDINGS.**

2 The Congress finds the following:

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

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

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

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

21 (5) Anorexia nervosa is an eating disorder char-  
22 acterized by self-starvation, weight loss, fear of gain-

1       ing weight and disturbances in the way in which  
2       one's body weight or shape is experienced (body  
3       image disturbance).

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

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

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

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

24          (10) Binge eating is often associated with obe-  
25      sity, high blood pressure, elevated cholesterol levels,

1 elevated triglyceride levels, increased risk of bowel,  
2 breast and reproductive cancers, increased risk of di-  
3 abetes, and increased risk of arthritic damage to the  
4 joints.

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

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

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

21 (14) Eating disorders appear across all age  
22 groups, races, ethnicities and socioeconomic groups  
23 in the United States and are associated with sub-  
24 stantial psychological problems, including depression,  
25 substance abuse, and suicide. For children 12 years

1 of age and younger, hospitalizations for eating dis-  
2 orders increased by 119 percent between 1999 and  
3 2006.

4 **SEC. 4. DEFINITION.**

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

11 **SEC. 5. TRAINING AND EDUCATION.**

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

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

22 (A) updated findings and conclusions as  
23 needed; and

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

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

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

16 **SEC. 6. EDUCATION AND TRAINING FOR HEALTH PROFES-**  
17 **SIONALS.**

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

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

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

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

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

10          (5) how to treat individuals with eating dis-  
11          orders.

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

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

21               (1) use a training program containing evidence-  
22               based findings, promising emerging best practices,  
23               or recommendations that pertain to the identifica-  
24               tion, early intervention, prevention of the develop-  
25               ment of eating disordered behaviors, and treatment

1 of eating disorders to conduct educational training  
2 and conferences, including Internet-based courses  
3 and teleconferences, on—

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

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

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

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

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

22 **SEC. 7. EDUCATION AND TRAINING FOR SCHOOL AND**  
23 **HIGHER EDUCATION PROFESSIONALS.**

24 (a) GRANTS.—

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

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

11                   (B) to make resources available to individ-  
12                  uals affected by eating disorders.

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

21           (3) ELIGIBLE ENTITY.—In this subsection, the  
22           term “eligible entity” means any State, territory, or  
23           possession of the United States, the District of Co-  
24           lumbia, any Indian tribe or tribal organization (as  
25           defined in subsections (e) and (l), respectively, of

1 section 4 of the Indian Self-Determination and Edu-  
2 cation Assistance Act (25 U.S.C. 450b)), or a public  
3 or private educational institution, including an insti-  
4 tution of higher education.

5 **SEC. 8. PUBLIC SERVICE ANNOUNCEMENTS.**

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

10 (1) the types of eating disorders;

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

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

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

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

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

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

25 (1) Centers of Excellence; and



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 Retire-  
5 ment 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 (26 U.S.C. 9812) 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 (26 U.S.C. 9812).

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

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

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

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

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

1 and, to the extent practicable, from stakeholders and ex-  
2 perts that are geographically and culturally diverse and  
3 that include stakeholders and experts from the physical  
4 and mental health, business, and consumer advocacy com-  
5 munities.

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

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