

112TH CONGRESS
1ST SESSION

S. 481

To enhance and further research into the prevention and treatment of eating disorders, to improve access to treatment of eating disorders, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 3, 2011

Mr. HARKIN (for himself, Ms. KLOBUCHAR, and Mr. FRANKEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To enhance and further research into the prevention and treatment of eating disorders, to improve access to treatment of 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”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) Estimates, based on current research, indi-
9 cate that at least 5,000,000 people in the United

1 States suffer from eating disorders including ano-
2 rexia nervosa, bulimia nervosa, binge eating dis-
3 order, and eating disorders not otherwise specified
4 (referred to in this Act as “EDNOS”).

5 (2) Anecdotal evidence suggests that as many
6 as 11,000,000 people in the United States, including
7 1,000,000 males, may suffer from eating disorders.

8 (3) Eating disorders occur in all nations and in
9 all populations, and among people of all ages and
10 races and of both genders.

11 (4) Eating disorders are diseases with grave
12 health consequences and high rates of mortality.

13 (5) Health consequences associated with eating
14 disorders include heart failure and other serious car-
15 diac conditions, electrolyte imbalance, kidney failure,
16 osteoporosis, debilitating tooth decay, and gastro-
17 intestinal disorders, including esophageal inflamma-
18 tion and rupture, gastric rupture, peptic ulcers, and
19 pancreatitis.

20 (6) Anorexia nervosa has one of the highest
21 overall mortality rates of any mental illness. Accord-
22 ing to the National Institute of Mental Health, 1 in
23 10 people with anorexia nervosa will die of starva-
24 tion, cardiac arrest, or another medical complication.

1 (7) The risk of death among adolescents with
2 anorexia nervosa is 11 times greater than in disease-
3 free adolescents.

4 (8) Anorexia nervosa has the highest suicide
5 rate of all mental illnesses.

6 (9) New research suggests that bulimia nervosa
7 has a much higher rate of mortality than is reflected
8 in current statistics, because of the failure to iden-
9 tify the underlying eating disorder.

10 (10) Binge eating disorder is the most common
11 eating disorder, with an estimated 3.5 percent of
12 American women and 2 percent of American men
13 expected to suffer from this disorder in their life-
14 time. Binge eating disorder is characterized by fre-
15 quent episodes of uncontrolled overeating and is as-
16 sociated with obesity, heart disease, gall bladder dis-
17 ease, and diabetes.

18 (11) Research demonstrates that there is a sig-
19 nificant genetic component to the development of
20 eating disorders.

21 (12) Certain populations, including adolescent
22 females and athletes of both genders, are at higher
23 risk of developing an eating disorder.

24 (13) Different types of eating disorders may af-
25 fect certain races and genders disproportionately.

1 (14) Despite the serious health consequences
2 and the high risk of death, Federal research funding
3 for eating disorders has lagged behind research con-
4 cerning other diseases, when compared by the num-
5 ber of individuals affected by, and the relative health
6 consequences of, the diseases.

7 (15) The ability of individuals suffering from
8 eating disorders, particularly bulimia nervosa, binge
9 eating disorder, and EDNOS to access appropriate
10 treatment is unacceptably low.

11 (16) The development of an eating disorder is
12 frequently preceded by unhealthy weight control be-
13 haviors commonly identified as disordered eating, in-
14 cluding skipping meals, using diet pills, taking lax-
15 atives, self-induced vomiting, and fasting. Such dis-
16 ordered eating behaviors should be included in en-
17 hanced research prevention and training efforts.

18 **SEC. 3. PURPOSES.**

19 The purposes of this Act are—

20 (1) to expand research into the prevention of
21 eating disorders;

22 (2) to expand research on effective treatment
23 and intervention of eating disorders and to support
24 evidence-based programs designed to prevent eating
25 disorders;

1 (3) to expand research on the causes, courses,
2 and outcomes of eating disorders;

3 (4) to increase the number of people properly
4 screened and diagnosed with an eating disorder;

5 (5) to improve training and education of health
6 care and behavioral care providers and of school per-
7 sonnel at all levels of elementary and secondary edu-
8 cation;

9 (6) to improve surveillance and data systems
10 for tracking the prevalence, severity, and economic
11 costs of eating disorders; and

12 (7) to enhance access to comprehensive treat-
13 ment for eating disorders.

14 **TITLE I—EATING DISORDER**
15 **DETECTION AND RESEARCH**

16 **SEC. 101. EXPANSION AND COORDINATION OF THE ACTIVI-**
17 **TIES OF THE NATIONAL INSTITUTE OF**
18 **HEALTH AND THE NATIONAL INSTITUTE OF**
19 **MENTAL HEALTH WITH RESPECT TO RE-**
20 **SEARCH ON EATING DISORDERS.**

21 Part B of title IV of the Public Health Service Act
22 (42 U.S.C. 284 et seq.) is amended by adding at the end
23 the following:

1 **“SEC. 409K. EXPANSION AND COORDINATION OF ACTIVI-**
2 **TIES WITH RESPECT TO RESEARCH ON EAT-**
3 **ING DISORDERS.**

4 “(a) IN GENERAL.—The Director of NIH, pursuant
5 to the general authority of such director, shall expand, in-
6 tensify, and coordinate the activities of the National Insti-
7 tutes of Health with respect to research on eating dis-
8 orders.

9 “(b) GRANTS.—The Director of NIH may award
10 grants to public or private entities to pay all or part of
11 the cost of planning, establishing, improving, and pro-
12 viding basic operating support for such entities to estab-
13 lish consortia in eating disorder research and to carry out
14 the activities described in subsection (e).

15 “(c) ELIGIBLE ENTITIES.—To be eligible to receive
16 a grant under this section, an entity shall—

17 “(1) be public or nonprofit private entity (in-
18 cluding a health department of a State, a political
19 subdivision of a State, or an institution of higher
20 education); and

21 “(2) submit to the Secretary an application at
22 such time, in such manner, and containing such in-
23 formation as the Secretary may require.

24 “(d) REQUIREMENTS OF CONSORTIA.—

25 “(1) IN GENERAL.—Each consortium estab-
26 lished as described in subsection (b) may use the fa-

1 cilities of a single lead institution, or may be formed
2 from several cooperating institutions, meeting such
3 requirements as may be prescribed by the Director
4 of NIH.

5 “(2) COORDINATION OF CONSORTIA.—The Di-
6 rector of NIH—

7 “(A) may, as appropriate, provide for the
8 coordination of information among consortia es-
9 tablished under subsection (b); and

10 “(B) shall ensure regular communication
11 between members of the various consortia es-
12 tablished using grants awarded under this sec-
13 tion.

14 “(3) REPORTS.—The Director of NIH shall re-
15 quire each consortium to prepare and submit to such
16 director annual reports on the activities of such con-
17 sortium.

18 “(e) ACTIVITIES.—Each consortium receiving a grant
19 under subsection (b) shall conduct basic, clinical, epide-
20 miological, population-based, or translational research re-
21 garding eating disorders, which may include research re-
22 lated to—

23 “(1) the identification and classification of eat-
24 ing disorders and disordered eating;

1 “(2) the causes, diagnosis, and early detection
2 of eating disorders;

3 “(3) the treatment of eating disorders, includ-
4 ing the development and evaluation of new treat-
5 ments and best practices;

6 “(4) the conditions or diseases related to, or
7 arising from, an eating disorder; and

8 “(5) the evaluation of existing prevention pro-
9 grams and the development of reliable prevention
10 and screening programs.

11 “(f) COLLABORATION.—The Secretary, acting
12 through the Director of NIH and the Director of the Na-
13 tional Institute of Mental Health, shall identify relevant
14 Federal agencies (including the other institutes and cen-
15 ters of the National Institutes of Health, the Centers for
16 Medicare & Medicaid Services, the Centers for Disease
17 Control and Prevention, the Agency for Healthcare Re-
18 search and Quality, the Substance Abuse and Mental
19 Health Services Administration, the Health Resources and
20 Services Administration, and the Office on Women’s
21 Health) that shall collaborate with respect to activities
22 conducted under subsection (d).

23 “(g) PUBLIC INPUT.—The Director of NIH shall pro-
24 vide for a mechanism—

1 “(5) submit annually to the Committee on
2 Health, Education, Labor, and Pensions of the Sen-
3 ate and the Committee on Energy and Commerce of
4 the House of Representatives the strategic plan de-
5 veloped under paragraph (4) and all updates to such
6 plan.

7 “(c) MEMBERSHIP.—

8 “(1) CHAIRPERSON.—The Director of NIH
9 shall serve as the chairperson of the Coordinating
10 Council and shall be responsible for the leadership
11 and oversight of the activities of the Coordinating
12 Council.

13 “(2) MEMBERS IN GENERAL.—The Coordi-
14 nating Council shall be composed of—

15 “(A) representatives of—

16 “(i) the Agency for Healthcare Re-
17 search and Quality;

18 “(ii) the Substance Abuse and Mental
19 Health Administration;

20 “(iii) the research institutes at the
21 National Institutes of Health, as the Di-
22 rector of NIH determines appropriate;

23 “(iv) the Health Resources and Serv-
24 ices Administration;

1 “(v) the Centers for Medicare & Med-
2 icaid Services;

3 “(vi) the Office on Women’s Health;

4 “(vii) the Centers for Disease Control
5 and Prevention;

6 “(viii) the Department of Education;

7 and

8 “(ix) any other Federal agency that
9 the chairperson determines is appropriate;

10 and

11 “(B) the additional members appointed
12 under paragraph (3).

13 “(3) ADDITIONAL MEMBERS.—Not fewer than
14 $\frac{1}{3}$ of the total membership of the Coordinating
15 Council shall be composed of non-Federal public
16 members to be appointed by the Secretary, including
17 representatives of—

18 “(A) academic medical centers or schools
19 of medicine, nursing, or other health profes-
20 sions;

21 “(B) health care professionals who are ac-
22 tively involved in the treatment of eating dis-
23 orders;

24 “(C) researchers with expertise in eating
25 disorders; and

1 “(D) at least 2 individuals with a past or
2 present diagnosis of an eating disorder or par-
3 ents of individuals with a past or present diag-
4 nosis of an eating disorder.

5 “(d) ADMINISTRATIVE SUPPORT; TERMS OF SERV-
6 ICE; OTHER PROVISIONS.—

7 “(1) ADMINISTRATIVE SUPPORT.—The Coordi-
8 nating Council shall receive necessary and appro-
9 priate administrative support from the Secretary.

10 “(2) TERMS OF SERVICE.—Members of the Co-
11 ordinating Council appointed under subsection (c)(2)
12 shall serve for a term of 4 years, and may be re-
13 appointed for one or more additional 4-year terms.
14 Any member appointed to fill a vacancy for an unex-
15 pired term shall be appointed for the remainder of
16 such term. A member may serve after the expiration
17 of the member’s term until a successor has taken of-
18 fice.

19 “(3) MEETINGS.—

20 “(A) IN GENERAL.—The Coordinating
21 Council shall meet at the call of the chairperson
22 or upon the request of the Secretary. The Co-
23 ordinating Council shall meet not fewer than 2
24 times each year.

1 “(B) NOTICE.—Notice of any upcoming
2 meeting of the Coordinating Council shall be
3 published in the Federal Register.

4 “(C) PUBLIC ACCESS.—Each meeting of
5 the Coordinating Council shall be open to the
6 public and shall include appropriate periods of
7 time for questions by the public.

8 “(4) SUBCOMMITTEES.—In carrying out its
9 functions the Coordinating Council may establish
10 subcommittees and convene workshops and con-
11 ferences.

12 “(e) EATING DISORDER.—In this part, the term ‘eat-
13 ing disorder’ includes anorexia nervosa, bulimia nervosa,
14 binge eating disorder, and eating disorders not otherwise
15 specified, as defined in the fourth edition of the Diagnostic
16 and Statistical Manual of Mental Disorders or any subse-
17 quent edition.

18 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
19 carry out this section, there are authorized to be appro-
20 priated such sums as may be necessary for each of fiscal
21 years 2012 through 2016.

22 **“SEC. 39900-1. EATING DISORDER SURVEILLANCE AND RE-**
23 **SEARCH PROGRAM.**

24 “(a) IN GENERAL.—The Secretary, acting through
25 the Director of the Centers for Disease Control and Pre-

1 vention, shall award grants or cooperative agreements to
2 eligible entities for the purpose of improving the collection,
3 analysis and reporting of State epidemiological data on
4 eating disorders.

5 “(b) ACTIVITIES.—An eligible entity shall assist with
6 the development and coordination of eating disorder sur-
7 veillance efforts within a region and may—

8 “(1) provide for the collection, analysis, and re-
9 porting of epidemiological data on eating disorders
10 through the existing surveillance programs;

11 “(2) develop recommendations to enhance exist-
12 ing surveillance programs to more accurately collect
13 epidemiological data on disordered eating and eating
14 disorders, including the prevalence, incidence,
15 trends, correlates, mortality, and causes of eating
16 disorders and the effects of eating disorders on qual-
17 ity of life;

18 “(3) develop recommendations to improve re-
19 quirements for ensuring that eating disorders are ac-
20 curately recorded as underlying and contributing
21 causes of death; and

22 “(4) assist with the development and coordina-
23 tion of surveillance efforts within a region.

24 “(c) ELIGIBLE ENTITIES.—To be eligible to receive
25 an award under this section, an entity shall—

1 the Centers for Disease Control and Prevention, shall con-
 2 duct a study evaluating the economic costs of eating dis-
 3 orders. Such study may examine years of productive life
 4 lost, missed days of work, reduced work productivity, costs
 5 of medical and mental health treatment, costs to family,
 6 and costs to society as a result of eating disorders.”.

7 **TITLE II—EATING DISORDER**
 8 **EDUCATION AND PREVEN-**
 9 **TION; STUDIES ON EATING**
 10 **DISORDERS AND BODY MASS**
 11 **INDEX; PUBLIC SERVICE AN-**
 12 **NOUNCEMENTS**

13 **SEC. 201. GRANTS TO PREVENT EATING DISORDERS.**

14 Title III of the Public Health Service Act (42 U.S.C.
 15 241 et seq.), as amended by section 102, is further amend-
 16 ed by adding at the end the following:

17 **“SEC. 39900-3. GRANTS TO PREVENT EATING DISORDERS.**

18 “(a) IN GENERAL.—The Secretary, acting through
 19 the Director of the Centers for Disease Control and Pre-
 20 vention and in coordination with the Administrator of the
 21 Health Resources and Services Administration, shall
 22 award grants to eligible entities to plan, implement, and
 23 evaluate programs to prevent eating disorders and obesity
 24 and the acute and chronic medical conditions that accom-

1 pany such conditions, and to promote healthy body image
2 and appropriate nutrition-based eating behaviors.

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

5 “(1) be a State, local or tribal educational
6 agency, an accredited institution of higher education,
7 a State or local health department, or a community-
8 based organization; and

9 “(2) submit an application to the Secretary at
10 such time, in such manner, and containing such in-
11 formation as the Secretary may require.

12 “(c) USE OF FUNDS.—An entity receiving a grant
13 under this section shall fund development and testing of
14 school-, clinic-, community-, or health department-based
15 programs designed to promote healthy eating behaviors
16 and to prevent eating disorders including—

17 “(1) developing evidence-based interventions to
18 prevent eating disorders, including educational or
19 intervention programs regarding nutritional content,
20 understanding and responding to hunger and sati-
21 ety, positive body image development, positive self-
22 esteem development, and life skills, that take into
23 account cultural and developmental issues and the
24 role of family, school, and community;

1 “(2) planning and implementing a healthy life-
2 style curriculum or program with an emphasis on
3 healthy eating behaviors, physical activity, and emo-
4 tional wellness, the connection between emotional
5 and physical health, and the prevention of bullying
6 based on body size, shape, and weight;

7 “(3) forming partnerships with parents and
8 caregivers to educate adults about identifying
9 unhealthy eating behaviors and promoting healthy
10 eating behaviors, physical activity, and emotional
11 wellness; and

12 “(4) integrating eating disorder prevention and
13 awareness in physical education, health, education,
14 athletic training programs, and after-school rec-
15 reational sports programs, to the extent possible.

16 “(d) REQUIREMENTS OF GRANT RECIPIENTS.—

17 “(1) LIMITATION ON ADMINISTRATIVE EX-
18 PENSES.—A recipient of a grant under this section
19 shall not use more than 10 percent of the amounts
20 received under a grant under this section for admin-
21 istrative expenses.

22 “(2) CONTRIBUTION OF FUNDS.—A recipient of
23 a grant under this section, and any entity receiving
24 assistance under the grant for training and edu-
25 cation, shall contribute non-Federal funds, either di-

1 rectly or through in-kind contributions, to the costs
2 of the activities to be funded under the grant in an
3 amount that is not less than 10 percent of the total
4 cost of such activities.

5 “(3) EVALUATION.—Each recipient of a grant
6 under this section shall provide to the Secretary, in
7 such form and manner as the Secretary shall speci-
8 fy, relevant data and an evaluation of the activities
9 of the grant recipient in promoting healthy eating
10 behaviors and preventing eating disorders. Evalua-
11 tion reports shall be made publicly available, such as
12 through the Internet.

13 “(e) TECHNICAL ASSISTANCE.—The Secretary may
14 set aside an amount not to exceed 1 percent of the total
15 amount appropriated for a fiscal year to provide grantees
16 with technical support in the development, implementa-
17 tion, and evaluation of programs under this section and
18 to disseminate information about preventing and treating
19 eating disorders and obesity.

20 **“SEC. 39900–4. STUDY OF EATING DISORDERS IN ELEMEN-**
21 **TARY SCHOOLS, SECONDARY SCHOOLS, AND**
22 **INSTITUTIONS OF HIGHER EDUCATION.**

23 “Not later than 18 months after the date of enact-
24 ment of the Federal Response to Eliminate Eating Dis-
25 orders Act, the National Center for Health Statistics of

1 the Centers for Disease Control and Prevention and the
2 National Center for Education Statistics of the Depart-
3 ment of Education shall conduct a joint study, or enter
4 into a contract to have a study conducted, on the impact
5 eating disorders have on educational advancement and
6 achievement. The study shall—

7 “(1) determine the incidence of eating disorders
8 and disordered eating among students, and the mor-
9 bidity and mortality rates associated with eating dis-
10 orders;

11 “(2) evaluate the extent to which students with
12 eating disorders are more likely to miss school, have
13 delayed rates of development, or have reduced cog-
14 nitive skills;

15 “(3) report on current State and local programs
16 to increase awareness about the dangers of eating
17 disorders among youth and to prevent eating dis-
18 orders and the risk factors for eating disorders, and
19 evaluate the value of such programs; and

20 “(4) make recommendations on measures that
21 could be undertaken by Congress, the Department of
22 Education, States, and local educational agencies to
23 strengthen eating disorder prevention and awareness
24 programs including development of best practices.

1 **“SEC. 39900–5. STUDY OF THE SUITABILITY OF MANDATING**
2 **BODY MASS INDEX REPORTING IN ELEMEN-**
3 **TARY SCHOOLS AND SECONDARY SCHOOLS.**

4 “Not later than 18 months after the date of enact-
5 ment of the Federal Response to Eliminate Eating Dis-
6 orders Act, the Director of the Centers for Disease Control
7 and Prevention, in consultation with the Secretary of Edu-
8 cation, shall conduct a study on mandatory reporting of
9 body mass index, including—

10 “(1) how many schools are currently conducting
11 mandatory reporting of body mass index;

12 “(2) how schools are assessing the impacts of
13 such mandatory reporting on body mass index; and

14 “(3) how schools are assessing potential unin-
15 tended consequences of such mandatory reporting on
16 students, including those related to parent and peer
17 relations.

18 **“SEC. 39900–6. PUBLIC SERVICE ADVERTISEMENTS.**

19 “The Secretary, in consultation with the Director of
20 the National Institutes of Health and the Secretary of
21 Education, shall carry out a program to develop, dis-
22 tribute, and promote the broadcasting of public service an-
23 nouncements to improve public awareness of, and to pro-
24 mote the identification and prevention, of eating disorders.

1 **“SEC. 39900–7. AUTHORIZATION OF APPROPRIATIONS.**

2 “To carry out sections 39900–3, 39900–4, 39900–
3 5, and 39900–6, there are authorized to be appropriated
4 such sums as may be necessary for each of fiscal years
5 2012 through 2016.”.

6 **SEC. 202. SENSE OF THE SENATE.**

7 It is the sense of the Senate that critically necessary
8 programs to reduce obesity in children may also uninten-
9 tionally increase the unhealthy weight control behaviors
10 that can lead to development of eating disorders, and that
11 federally funded programs to combat obesity should take
12 this connection into consideration.

13 **TITLE III—IMPROVING TRAIN-**
14 **ING IN HEALTH PROFES-**
15 **SIONS, EDUCATION, AND RE-**
16 **LATED FIELDS**

17 **SEC. 301. GRANTS FOR HEALTH PROFESSIONALS.**

18 Part D of title VII of the Public Health Service Act
19 (42 U.S.C. 294 et seq.) is amended by adding at the end
20 the following:

21 **“SEC. 760. GRANTS FOR HEALTH PROFESSIONALS.**

22 “(a) GRANTS.—The Secretary, acting through the
23 Administrator of the Health Resources and Services Ad-
24 ministration, in collaboration with the Director of the Cen-
25 ters for Disease Control and Prevention, shall award
26 grants under this section to develop interdisciplinary

1 training and education programs that provide under-
2 graduate, graduate, post-graduate medical, nursing (in-
3 cluding advanced practice nursing students), dental, men-
4 tal and behavioral health, pharmacy, and other health pro-
5 fessions students or residents with an understanding of,
6 and clinical skills pertinent to identifying and treating,
7 eating disorders.

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

10 “(1) be an accredited school of allopathic or os-
11 teopathic medicine, or an accredited school of nurs-
12 ing, public health, social work, dentistry, behavioral
13 and mental health, or pharmacy, or an accredited
14 medical, dental, or nursing residency program;

15 “(2) prepare and submit to the Secretary an
16 application at such time, in such manner, and con-
17 taining such information as the Secretary may re-
18 quire.

19 “(c) USE OF FUNDS.—

20 “(1) REQUIRED USES.—Amounts provided
21 under a grant awarded under this section shall be
22 used to fund interdisciplinary training and education
23 projects that are designed to train medical, nursing,
24 and other health professions students and residents
25 to—

1 “(A) better identify patients at-risk of be-
2 coming overweight or obese or developing an
3 eating disorder;

4 “(B) detect overweight or obesity or eating
5 disorders among a diverse patient population;

6 “(C) counsel, refer, or treat patients with
7 overweight or obesity or an eating disorder;

8 “(D) educate patients and the families of
9 patients about effective strategies to establish
10 healthy eating habits and appropriate levels of
11 physical activity; and

12 “(E) assist in the creation and administra-
13 tion of community-based overweight and obesity
14 and eating disorder prevention efforts.

15 “(2) PERMISSIVE USE.—Amounts provided
16 under a grant under this section may be used to
17 offer community-based training opportunities in
18 rural areas for medical, nursing, and other health
19 professions students and residents on eating dis-
20 orders, which may include the use of distance learn-
21 ing networks and other available technologies needed
22 to reach isolated rural areas.

23 “(d) REQUIREMENTS OF GRANTEES.—

24 “(1) LIMITATION ON ADMINISTRATIVE EX-
25 PENSES.—A grantee shall not use more than 10 per-

1 cent of the amounts received under a grant under
2 this section for administrative expenses.

3 “(2) CONTRIBUTION OF FUNDS.—A grantee
4 under this section, and any entity receiving assist-
5 ance under the grant for training and education,
6 shall contribute non-Federal funds, either directly or
7 through in-kind contributions, to the costs of the ac-
8 tivities to be funded under the grant in an amount
9 that is not less than 10 percent of the total cost of
10 such activities.

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

14 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to carry out this section
16 such sums as may be necessary for fiscal years 2012
17 through 2016.”.

18 **SEC. 302. TRAINING IN ELEMENTARY AND SECONDARY**
19 **SCHOOLS.**

20 Section 5131(a) of the Elementary and Secondary
21 Education Act of 1965 (20 U.S.C. 7215(a)) is amended
22 by adding at the end the following:

23 “(28) Programs to improve the identification of
24 students with eating disorders (as defined in section
25 39900 of the Public Health Service Act), increase

1 awareness of such disorders among parents and stu-
 2 dents, and train educators (including teachers,
 3 school nurses, school social workers, coaches, school
 4 counselors, and administrators) on effective eating
 5 disorder prevention, screening, detection and assist-
 6 ance methods.”.

7 **TITLE IV—IMPROVING AVAIL-**
 8 **ABILITY AND ACCESS TO**
 9 **TREATMENT**

10 **SEC. 401. MEDICAID COVERAGE FOR EATING DISORDER**
 11 **TREATMENT SERVICES.**

12 (a) IN GENERAL.—Section 1905 of the Social Secu-
 13 rity Act (42 U.S.C. 1396d(a)) is amended—

14 (1) in subsection (a)—

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

17 (B) by redesignating paragraph (29) as
 18 paragraph (30); and

19 (C) by inserting after paragraph (28) the
 20 following new paragraph:

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

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

25 “(ee) EATING DISORDER TREATMENT SERVICES.—

1 “(1) DEFINITION.—The term ‘eating disorder
2 treatment services’ means services relating to diag-
3 nosis and treatment of an eating disorder (as de-
4 fined in section 3990O of the Public Health Service
5 Act), including screening, counseling, pharmacother-
6 apy (including coverage of drugs described in para-
7 graph (2)), and other necessary health care services.

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

17 (b) INCREASED FMAP FOR EATING DISORDER
18 TREATMENT SERVICES.—

19 (1) EFFECTIVE UNTIL JANUARY 1, 2013.—Sec-
20 tion 1905(b) of the Social Security Act (42 U.S.C.
21 1396d(b)) is amended in the first sentence—

22 (A) by striking “and” before “(4)”; and

23 (B) by inserting before the period at the
24 end the following: “, and (5) the Federal med-
25 ical assistance percentage shall be equal to the

1 enhanced FMAP described in section 2105(b)
2 with respect to medical assistance for eating
3 disorder treatment services (as defined in sub-
4 section (ee)(1)) provided to an individual who is
5 eligible for such assistance and has an eating
6 disorder (as defined in section 3990O of the
7 Public Health Service Act)”.
8

9 (2) EFFECTIVE JANUARY 1, 2013.—Section
10 4106(b) of the Patient Protection and Affordable
11 Care Act (Public Law 111–148) is amended—

12 (A) in paragraph (1), by striking “(4)”
13 each time such term appears and inserting
14 “(5)”; and

15 (B) in paragraph (2), by striking “, and
16 (5)” and inserting “, and (6)”.

17 (c) INCLUSION IN EPSDT SERVICES.—Section
18 1905(r)(1)(B) of such Act (42 U.S.C. 1396d(r)(1)(B)) is
19 amended—

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

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

23 (3) by inserting after clause (v) the following
24 new clause:

25 “(vi) appropriate diagnostic services
relating to eating disorders (as defined in

1 section 3990O of the Public Health Serv-
2 ice Act).”.

3 (d) EXCEPTION FROM OPTIONAL RESTRICTION
4 UNDER MEDICAID DRUG COVERAGE.—Section
5 1927(d)(2)(A) of such Act (42 U.S.C. 1396r–8(d)(2)(A))
6 is amended by inserting before the period at the end the
7 following: “, except for drugs that are prescribed, in ac-
8 cordance with generally accepted medical guidelines, for
9 the purpose of treatment of an individual who is eligible
10 for medical assistance under the State plan and has an
11 eating disorder (as defined in section 3990O of the Public
12 Health Service Act)”.

13 (e) EFFECTIVE DATE.—The amendments made by
14 this section shall apply to drugs and services furnished
15 on or after January 1, 2012.

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

17 Subpart II of part D of title IX of the Public Health
18 Service Act is amended by adding at the end the following:

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

20 “(a) GRANTS.—The Secretary, acting through the
21 Director, shall award grants under this section to develop
22 and support patient advocacy work to help individuals with
23 eating disorders obtain adequate health care services and
24 insurance coverage.

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

3 “(1) be a public or nonprofit private entity (in-
4 cluding a health department of a State or tribal
5 agency, a community-based organization, or an insti-
6 tution of higher education);

7 “(2) prepare and submit to the Secretary an
8 application at such time, in such manner, and con-
9 taining such information as the Secretary may re-
10 quire, including—

11 “(A) comprehensive strategies for advo-
12 cating on behalf of, and working with, individ-
13 uals with eating disorders or at risk for devel-
14 oping eating disorders;

15 “(B) a plan for consulting with commu-
16 nity-based coalitions, treatment centers, or eat-
17 ing disorder research experts who have experi-
18 ence and expertise in issues related to eating
19 disorders or patient advocacy in providing serv-
20 ices under a grant awarded under this section;
21 and

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

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

4 “(1) providing education and outreach in com-
5 munity settings regarding eating disorders and asso-
6 ciated health problems, especially among low-income,
7 minority, and medically underserved populations;

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

11 “(3) assisting in communication and coopera-
12 tion between patients and providers;

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

15 “(5) providing education and outreach regard-
16 ing enrollment in health insurance, including enroll-
17 ment in the Medicare program under title XVIII of
18 the Social Security Act, the Medicaid program under
19 title XIX of such Act, and the Children’s Health In-
20 surance Program under title XXI of such Act;

21 “(6) identifying, referring, and enrolling under-
22 served populations in appropriate health care agen-
23 cies and community-based programs and organiza-
24 tions in order to increase access to high-quality
25 health care services;

1 “(7) providing technical assistance, training,
2 and organizational support for patient advocates;
3 and

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

6 “(d) REQUIREMENTS OF GRANTEES.—

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

11 “(2) CONTRIBUTION OF FUNDS.—A grantee
12 under this section, and any entity receiving assist-
13 ance under the grant for training and education,
14 shall contribute non-Federal funds, either directly or
15 through in-kind contributions, to the costs of the ac-
16 tivities to be funded under the grant in an amount
17 that is not less than 75 percent of the total cost of
18 such activities.

19 “(3) REPORTING TO SECRETARY.—A grantee
20 under this section shall annually submit to the Sec-
21 retary a report, at such time, in such manner, and
22 containing such information as the Secretary may
23 require, including a description and evaluation of the
24 activities described in subsection (c) carried out by
25 such entity.

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

4 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
5 carry out this section, there are authorized to be appro-
6 priated such sums as may be necessary for fiscal years
7 2012 through 2016.”.

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