

113TH CONGRESS
1ST SESSION

H. R. 2101

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

IN THE HOUSE OF REPRESENTATIVES

MAY 22, 2013

Mr. DEUTCH (for himself, Mr. CONNOLLY, Mr. CONYERS, Mr. ELLISON, Ms. FRANKEL of Florida, Mr. HASTINGS of Florida, Mr. JOHNSON of Georgia, Mrs. MCCARTHY of New York, Mr. MORAN, Mr. NOLAN, Ms. PINGREE of Maine, Mr. POLIS, Ms. SCHWARTZ, Ms. WASSERMAN SCHULTZ, Mrs. CAROLYN B. MALONEY of New York, and Mr. MURPHY 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 2013”.

1 **SEC. 2. TABLE OF CONTENTS.**

2 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.

3 **SEC. 3. FINDINGS.**

4 The Congress finds as follows:

5 (1) Risk of death among individuals with ano-
6 rexia nervosa is 18 times greater than their same
7 age peers without anorexia.

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

1 (3) An estimated 14 million people suffer from
2 eating disorders, including anorexia nervosa, bulimia
3 nervosa, and eating disorders not otherwise specified
4 (EDNOS) (including binge eating disorder). The
5 lifetime prevalence of all eating disorders in America
6 is 0.6 to 4.5 percent.

7 (4) Eating disorders are real, treatable medical
8 illnesses. They frequently coexist with other illnesses
9 such as depression, substance abuse, or anxiety dis-
10 orders. Eating disorders can become life-threatening
11 if a person does not receive treatment.

12 (5) Anorexia nervosa is an eating disorder char-
13 acterized by self-starvation and excessive weight loss.
14 An estimated 0.9 percent of American women and
15 0.3 percent of American men will suffer from ano-
16 rexia nervosa in their lifetime.

17 (6) Anorexia nervosa is associated with serious
18 health consequences including heart failure, kidney
19 failure, osteoporosis, and death.

20 (7) Bulimia nervosa is an eating disorder char-
21 acterized by excessive food consumption followed by
22 inappropriate compensatory behaviors, such as self-
23 induced vomiting, misuse of laxatives, fasting, or ex-
24 cessive exercise. An estimated 1.5 percent of Amer-

1 ican women and 0.5 percent of American men will
2 suffer from this disorder in their lifetime.

3 (8) Bulimia nervosa is associated with cardiac,
4 gastrointestinal, and dental problems including ir-
5 regular heartbeats, gastric rupture, peptic ulcer,
6 tooth decay, and death.

7 (9) Binge eating disorder is characterized by
8 frequent episodes of uncontrolled overeating. Binge
9 eating disorder is common: an estimated 3.5 percent
10 of American women and 2.0 percent of American
11 men will suffer from this disorder in their lifetime.

12 (10) Binge eating is associated with obesity,
13 heart disease, gall bladder disease, and diabetes.

14 (11) Many more suffer from some, but not all,
15 of the symptoms of anorexia nervosa, bulimia
16 nervosa, or binge eating disorder, which is referred
17 to as eating disorders not otherwise specified
18 (EDNOS). Between 4 percent and 20 percent of
19 young women practice unhealthy patterns of dieting,
20 purging, and binge eating.

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

24 (13) Eating disorders usually appear in adoles-
25 cence and are associated with substantial psycho-

1 logical problems, including depression, substance
2 abuse, and suicide. Eating disorders also develop in
3 younger children and adults, compromising health
4 and daily functioning. For children 12 years of age
5 and younger, hospitalizations for eating disorders in-
6 creased by 119 percent between 1999 and 2006.

7 (14) Eating disorders are found across races,
8 ethnicities, and socioeconomic groups in the United
9 States. White females are more likely to suffer from
10 anorexia, while African-American girls are especially
11 vulnerable to developing eating disorders that involve
12 binge eating. Body dissatisfaction in young girls has
13 been shown in White, African-American, Hispanic,
14 and Asian girls.

15 **SEC. 4. DEFINITION.**

16 In this Act, the term “eating disorder” includes ano-
17 rexia nervosa, bulimia nervosa, binge eating disorder, and
18 eating disorders not otherwise specified (EDNOS), as de-
19 fined in the fifth edition of “Diagnostic and Statistical
20 Manual of Mental Disorders” or, if applicable, the most
21 recent successor edition.

TITLE I—RESEARCH

SEC. 101. ACTIVITIES TO IMPROVE EATING DISORDER-RELATED RESEARCH AND FUNDING.

Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by adding at the end the following:

“PART J—EATING DISORDER-RELATED ACTIVITIES

“SEC. 499A. AUTHORITY OF THE DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH RELATING TO EATING DISORDERS.

“(a) IDENTIFYING TOTAL EXPENDITURES ON EATING DISORDERS.—The Director of NIH, in coordination with the National Institute of Mental Health, the Office of Research on Women’s Health, and other institutes of the National Institutes of Health, shall identify the total amount of expenditures, both intramural and extramural, by the National Institutes of Health for eating disorders for each of fiscal years 2011 and 2012.

“(b) BUDGET FOR EATING DISORDERS RESEARCH AND COORDINATION OF ACTIVITIES AND PROGRAMS.—The Director of NIH, based on the strategic plan developed under subsection (c), shall—

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

4 “(2) coordinate all research activities and pro-
5 grams on eating disorders at the institutes, centers,
6 and divisions of the National Institutes of Health;
7 and

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

9 “(c) STRATEGIC PLAN FOR EATING DISORDERS RE-
10 SEARCH.—

11 “(1) IN GENERAL.—Not later than 1 year after
12 the date of the enactment of this section, the Direc-
13 tor of NIH shall develop, in consultation with lead-
14 ing eating disorder researchers, and oversee the im-
15 plementation of a comprehensive, long-range plan
16 for the conduct and support of research on eating
17 disorders by the institutes, centers, and divisions of
18 the National Institutes of Health.

19 “(2) REQUIREMENTS.—The plan developed
20 under paragraph (1) shall—

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

22 “(B) identify critical scientific questions
23 related to eating disorders and establish prior-
24 ities among such questions;

1 “(C) based on the priorities established
2 under subparagraph (B), specify the short- and
3 long-range objectives to be achieved, and esti-
4 mate the resources needed to achieve these ob-
5 jectives;

6 “(D) evaluate the sufficiency of existing re-
7 search programs on eating disorders to meet
8 the objectives specified under subparagraph (C),
9 and establish objectives, timelines, and criteria
10 for evaluating future research programs;

11 “(E) be coordinated with the activities of
12 the Centers of Excellence receiving funds under
13 section 499B(b); and

14 “(F) make recommendations for changes
15 to existing research programs on eating dis-
16 orders.

17 “(d) BUDGETARY AUTHORITY.—

18 “(1) IN GENERAL.—The Director of NIH
19 shall—

20 “(A) in accordance with the strategic plan
21 developed under subsection (c), annually pre-
22 pare and submit to Congress a scientifically jus-
23 tified budget estimate for research on eating
24 disorders to be conducted within the agencies of
25 the National Institutes of Health, which shall

1 include the amount of funds that will be re-
2 quired for—

3 “(i) the continued funding of ongoing
4 discretionary program initiatives at the in-
5 stitutes, centers, and divisions of the Na-
6 tional Institutes of Health; and

7 “(ii) the funding of new and com-
8 plementary program initiatives; and

9 “(B) receive all research funds for eating
10 disorders described in subparagraph (A), and
11 allocate those funds to the institutes, centers,
12 and divisions of the National Institutes of
13 Health.

14 “(2) EFFECTIVE DATE.—Paragraph (1)(B)
15 shall become effective in the fiscal year following the
16 submission of the first eating disorder budget de-
17 scribed in paragraph (1)(A).

18 “(e) EVALUATION AND REPORT.—

19 “(1) EVALUATION.—The Director of NIH shall
20 evaluate the effect of this section on the planning
21 and coordination of research programs on eating dis-
22 orders at the institutes, centers, and divisions of the
23 National Institutes of Health, and the extent to
24 which funding mandated under this section has fol-

1 lowed the recommendation of the strategic plan de-
2 veloped under subsection (c).

3 “(2) REPORT.—Not later than 1 year after the
4 date of enactment of this section, the Director of
5 NIH shall prepare and submit to the Committee on
6 Energy and Commerce and the Committee on Ap-
7 propriations of the House of Representatives, and
8 the Committee on Health, Education, Labor, and
9 Pensions and the Committee on Appropriations of
10 the Senate, a report based on the evaluation de-
11 scribed in paragraph (1).

12 “(f) DEFINITIONS.—In this part, the term ‘eating
13 disorder’ includes anorexia nervosa, bulimia nervosa, binge
14 eating disorder, and eating disorders not otherwise speci-
15 fied (EDNOS), as defined in the fifth edition of ‘Diag-
16 nostic and Statistical Manual of Mental Disorders’ or, if
17 applicable, the most recent successor edition.

18 **“SEC. 499B. EXPANSION, INTENSIFICATION, AND COORDI-**
19 **NATION OF ACTIVITIES OF NATIONAL INSTI-**
20 **TUTES OF HEALTH WITH RESPECT TO RE-**
21 **SEARCH ON EATING DISORDERS.**

22 “(a) IN GENERAL.—

23 “(1) EXPANSION OF ACTIVITIES.—The Director
24 of NIH shall expand, intensify, and coordinate the

1 activities of the National Institutes of Health with
2 respect to research on eating disorders.

3 “(2) ADMINISTRATION OF PROGRAM; COORDI-
4 NATION AMONG AGENCIES.—The Director of NIH
5 shall carry out this section acting through the Direc-
6 tor of the National Institute of Mental Health, and
7 in collaboration with the Director of the Eunice
8 Kennedy Shriver National Institute of Child Health
9 and Human Development, the Director of the Na-
10 tional Institute of Diabetes and Digestive and Kid-
11 ney Diseases, the Director of the Office of Research
12 on Women’s Health, and any other agencies or of-
13 fices of the National Institutes of Health that the
14 Director determines appropriate.

15 “(3) TASK FORCE.—

16 “(A) ESTABLISHMENT.—Before making
17 grants under subsection (b) for Centers of Ex-
18 cellence, the Director of NIH shall establish a
19 task force (in this paragraph referred to as the
20 ‘task force’) consisting of—

21 “(i) representatives of the institutes,
22 centers, and divisions of the National Insti-
23 tutes of Health, as determined appropriate
24 by the Director;

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

3 “(iii) the general public.

4 “(B) DUTIES.—The task force shall—

5 “(i) assist researchers in developing
6 applications and applying for grants and
7 contracts to be awarded for Centers of Ex-
8 cellence under subsection (b);

9 “(ii) conduct a thorough examination
10 of the field of eating disorders, create a list
11 of priorities for eating disorders research,
12 and develop a matrix of action items for
13 such research; and

14 “(iii) conduct meetings to address
15 issues with respect to eating disorders re-
16 search, including guiding principles of Cen-
17 ters of Excellence under subsection (b); de-
18 velopment of strategic research priorities;
19 strategies for recruiting new scientists into
20 the field of eating disorders and providing
21 them with high-quality training; priorities
22 and best practices for basic research, clin-
23 ical research, treatment research, and pre-
24 ventation research; and development of a re-
25 search infrastructure nationwide.

1 “(b) CENTERS OF EXCELLENCE.—

2 “(1) GRANTS.—

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

7 “(i) conduct research on eating dis-
8 orders designed to improve understanding
9 of the etiology, early identification, preven-
10 tion, best treatment, medical and psycho-
11 logical sequelae of and recovery from eat-
12 ing disorders;

13 “(ii) conduct training to perform such
14 research; and

15 “(iii) pay all or part of the cost of
16 planning, establishing, improving, and pro-
17 viding basic operating support for such re-
18 search and training.

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

23 “(2) RESEARCH.—

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

4 “(B) REQUIREMENTS.—The research con-
5 ducted by a Center of Excellence pursuant to
6 subparagraph (A)—

7 “(i) shall be designed to improve un-
8 derstanding of the etiology, early identi-
9 fication, prevention, best treatment, med-
10 ical and psychological sequelae of and re-
11 covery from eating disorders;

12 “(ii) shall be conducted in the fields of
13 basic, clinical, prevention, and intervention
14 sciences; and

15 “(iii) should include—

16 “(I) studies clarifying the
17 nosology and assessment of eating dis-
18 orders;

19 “(II) investigations to determine
20 the biological, psychosocial, and be-
21 havioral risk factors that might ap-
22 pear in early childhood;

23 “(III) studies of promising treat-
24 ments for eating disorders;

1 “(IV) evaluation of prevention
2 programs for eating disorders; and

3 “(V) studies of the medical, psy-
4 chological, and social sequelae of eat-
5 ing disorders.

6 “(C) EQUAL REPRESENTATION OF RE-
7 SEARCH AREAS.—In awarding grants and con-
8 tracts under paragraph (1), the Director of
9 NIH shall, to the extent practicable and appro-
10 prium, ensure that each of the research areas
11 required by clauses (i) and (ii) of subparagraph
12 (B) are equally represented.

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

17 “(4) SERVICES FOR PATIENTS.—

18 “(A) IN GENERAL.—A Center of Excel-
19 lence may expend amounts provided under a
20 grant or contract under such paragraph to
21 carry out a program to make individuals aware
22 of opportunities to participate as subjects in re-
23 search conducted by such Centers.

24 “(B) REFERRALS AND COSTS.—A program
25 carried out under subparagraph (A) may, in ac-

1 cordance with such criteria as the Director of
2 NIH may establish, provide to the subjects de-
3 scribed in such subparagraph, referrals for
4 health, mental health, and other services, and
5 such patient care costs as are required for re-
6 search.

7 “(C) AVAILABILITY AND ACCESS.—The ex-
8 tent to which a Center of Excellence can dem-
9 onstrate availability and access to clinical serv-
10 ices shall be considered by the Director of NIH
11 in decisions about awarding grants or contracts
12 to applicants that meet the scientific criteria for
13 funding under this section.

14 “(5) COORDINATION OF CENTERS OF EXCEL-
15 LENCE.—

16 “(A) IN GENERAL.—The Director of the
17 National Institute of Mental Health shall, as
18 appropriate, provide for the coordination of in-
19 formation among Centers of Excellence and en-
20 sure regular communication between such Cen-
21 ters.

22 “(B) PERIODIC REPORTS.—The Director
23 of the National Institute of Mental Health may
24 require the periodic preparation of reports on

1 the activities of Centers of Excellence and the
2 submission of such reports to the Director.

3 “(C) COLLECTION AND STORAGE OF
4 DATA.—The Director of the National Institute
5 of Mental Health shall establish and fund
6 mechanisms and entities for collecting, storing,
7 and coordinating data collected by Centers of
8 Excellence and data generated from public and
9 private research partnerships.

10 “(6) ORGANIZATION.—Each Center of Excel-
11 lence shall use the facilities of a single institution,
12 or be formed from a consortium of cooperating insti-
13 tutions, meeting such requirements as may be pre-
14 scribed by the Director of NIH.

15 “(7) NUMBER; DURATION; ADDITIONAL PERI-
16 ODS.—

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

20 “(B) DURATION.—Except as provided in
21 subparagraph (C), a grant or contract awarded
22 under paragraph (1) shall not exceed a period
23 of 5 years.

24 “(C) ADDITIONAL PERIODS.—

1 “(i) EXTENSION.—The period of a
2 grant or contract awarded under para-
3 graph (1) may be extended one or more
4 additional periods not exceeding a total of
5 5 years if the operations of the Center of
6 Excellence involved have been reviewed by
7 an appropriate technical and scientific peer
8 review group (including investigators from
9 the field of eating disorders) established by
10 the Director of NIH and the group has
11 recommended to the Director that such pe-
12 riod should be extended.

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

17 “(D) PUBLIC INPUT.—In carrying out this
18 section, the Director of NIH shall provide for a
19 means through which the public can obtain in-
20 formation on the existing and planned pro-
21 grams and activities of the National Institutes
22 of Health with respect to eating disorders and
23 through which the Director can receive com-
24 ments from the public regarding such programs
25 and activities.

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 \$20,000,000 for each of fiscal years 2014 through 2018.
4 Amounts appropriated under this subsection shall be in
5 addition to any other amounts appropriated for such pur-
6 pose.

7 **“SEC. 499C. COLLABORATIVE PROGRAMS OF RESEARCH IN**
8 **EATING DISORDERS.**

9 “(a) IN GENERAL.—The Director of NIH, acting
10 through the Director of the National Institute of Mental
11 Health, the Director of the National Institute of Diabetes
12 and Digestive and Kidney Diseases, the Director of the
13 Eunice Kennedy Shriver National Institute of Child
14 Health and Human Development, the Director of the Of-
15 fice of Research on Women’s Health, and any other agen-
16 cies or offices of the National Institutes of Health that
17 the Director determines appropriate, in consultation with
18 leading eating disorders researchers and clinicians, shall
19 award grants and contracts to public or nonprofit private
20 entities to pay all or part of the cost of planning, estab-
21 lishing, improving, and providing basic operating support
22 for collaborative programs of research in eating disorders.

23 “(b) RESEARCH.—Each program established under
24 subsection (a)—

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

3 “(2) should conduct investigations into the
4 cause, diagnosis, early detection, prevention and
5 treatment of and recovery from eating disorders.

6 “(c) COORDINATION OF PROGRAMS.—

7 “(1) IN GENERAL.—The Director of NIH shall,
8 as appropriate, provide for the coordination of infor-
9 mation among programs established under sub-
10 section (a), and Centers of Excellence receiving
11 funding under section 499B, and ensure regular
12 communication between such programs and Centers.

13 “(2) PERIODIC REPORTS.—The Director of
14 NIH may require the periodic preparation of reports
15 on the activities of the programs established under
16 subsection (a) and the submission of such reports to
17 the Director.

18 “(3) COLLECTION AND STORAGE OF DATA.—
19 The Director of NIH shall establish and fund mech-
20 anisms and entities for collecting, storing, and co-
21 ordinating data collected by the programs estab-
22 lished under subsection (a) and data generated from
23 public and private research partnerships.

24 “(d) ORGANIZATION.—Each program that receives
25 funding under subsection (a) shall be formed from a con-

1 sortium of cooperating institutions, meeting such require-
2 ments as may be prescribed by the Director of NIH.

3 “(e) NUMBER AND DURATION.—

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

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

10 “(3) ADDITIONAL PERIODS.—

11 “(A) EXTENSION.—The period of a grant
12 or contract awarded under subsection (a) may
13 be extended for one or more additional periods
14 not exceeding 5 years if the operations of the
15 program involved have been reviewed by an ap-
16 propriate technical and scientific peer review
17 group established by the Director of NIH and
18 the group has recommended to the Director
19 that such period should be extended.

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

24 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-
25 tion shall be construed as precluding or otherwise affecting

1 funding for any research on eating disorders in addition
2 to the research funded under this section.

3 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section,
5 \$20,000,000 for each of fiscal years 2014 through 2018.
6 Amounts appropriated under this subsection shall be in
7 addition to any other amounts appropriated for such pur-
8 pose.”.

9 **SEC. 102. EATING DISORDERS SURVEILLANCE AND RE-**
10 **SEARCH PROGRAM.**

11 Title III of the Public Health Service Act (42 U.S.C.
12 241 et seq.) is amended by adding at the end thereof the
13 following:

14 **“PART W—PROGRAMS RELATING TO EATING**
15 **DISORDERS**

16 **“SEC. 3990O. EATING DISORDERS SURVEILLANCE AND RE-**
17 **SEARCH PROGRAM.**

18 “(a) NATIONAL EATING DISORDERS SURVEILLANCE
19 PROGRAM.—

20 “(1) IN GENERAL.—The Secretary, acting
21 through the Director of the Centers for Disease
22 Control and Prevention and in consultation with
23 leading eating disorders researchers and clinicians—

24 “(A) shall provide for the collection, anal-
25 ysis, and reporting of epidemiological data on

1 eating disorders through the existing surveil-
2 lance programs of the Centers, such as the Be-
3 havioral Risk Factor Surveillance System;

4 “(B) shall make recommendations to en-
5 hance existing surveillance programs of the
6 Centers, such as the Behavioral Risk Factor
7 Surveillance System, to more accurately collect
8 epidemiological data on disordered eating and
9 eating disorders;

10 “(C) may award grants and cooperative
11 agreements and may provide direct technical as-
12 sistance to eligible entities for the collection,
13 analysis, and reporting of such data; and

14 “(D) shall examine and improve require-
15 ments for reporting deaths on death certificates
16 to accurately account for those cases in which
17 an eating disorder is the underlying or contrib-
18 uting cause of death.

19 “(2) ELIGIBILITY.—To be eligible to receive a
20 grant or cooperative agreement under paragraph
21 (1)(C), an entity shall be a public or nonprofit pri-
22 vate entity (including a health department of a State
23 or political subdivisions of a State, a university, or
24 any other educational institution), and submit to the
25 Secretary an application at such time, in such man-

1 ner, and containing such information as the Sec-
2 retary may require.

3 “(b) CENTER OF EATING DISORDERS EPIDEMI-
4 OLOGY.—

5 “(1) IN GENERAL.—The Secretary, acting
6 through the Director of the Centers for Disease
7 Control and Prevention, shall establish a Center of
8 Eating Disorders Epidemiology for the purpose of
9 collecting and analyzing information on—

10 “(A) the number, incidence, incidence
11 trends over time, correlates, mortality, and
12 causes of eating disorders;

13 “(B) the effects of eating disorders on
14 quality of life, including disability adjusted life
15 years (DALY) and quality adjusted life years
16 (QALY); and

17 “(C) economic analysis of the costs of eat-
18 ing disorders in the United States, including
19 years of productive life lost, missed days of
20 work, reduced work productivity, costs of med-
21 ical and mental health treatment, prescriptions,
22 other medications, hospitalizations, costs of
23 medical and psychiatric comorbidities, costs to
24 family, and costs to society.

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

8 “(3) REQUIREMENTS.—To be eligible to receive
9 a grant or cooperative agreement under paragraph
10 (2), an entity shall submit to the Secretary an appli-
11 cation containing such agreements and information
12 as the Secretary may require, including an agree-
13 ment that the Center of Eating Disorders Epidemi-
14 ology will operate in accordance with the following:

15 “(A) The Center will collect, analyze, and
16 report eating disorders data according to guide-
17 lines prescribed by the Director of the Centers
18 for Disease Control and Prevention, after con-
19 sultation with relevant State and local public
20 health officials, private sector eating disorder
21 researchers and clinicians, and advocates for
22 those with eating disorders.

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

1 “(C) The Center will identify eligible cases
2 and controls through its surveillance systems
3 and conduct research into factors which may
4 cause or increase the risk of eating disorders.

5 “(D) The Center will develop or extend an
6 area of special research expertise (including ge-
7 netics, environmental exposures, and other rel-
8 evant research specialty areas).

9 “(e) CLEARINGHOUSE.—The Secretary, acting
10 through the Director of the Centers for Disease Control
11 and Prevention and in consultation with leading eating
12 disorders researchers and clinicians, shall carry out the
13 following:

14 “(1) ESTABLISHMENT.—The Secretary shall es-
15 tablish a clearinghouse within the Centers for Dis-
16 ease Control and Prevention for the collection and
17 storage of data generated from the monitoring pro-
18 grams established under this section and part J of
19 title IV. Through the clearinghouse, the Centers for
20 Disease Control and Prevention shall serve as the
21 coordinating agency for eating disorders surveillance
22 activities. The functions of such clearinghouse shall
23 include facilitating the coordination of research and
24 policy development relating to the prevention, treat-
25 ment, and epidemiology of eating disorders.

1 “(2) FACILITATION OF RESEARCH.—The Sec-
2 retary shall provide for the establishment of a pro-
3 gram under which samples of tissues and genetic
4 and other biological materials that are of use in re-
5 search on eating disorders are donated, collected,
6 preserved, and made available for such research.
7 Such program shall be carried out in accordance
8 with accepted scientific and medical standards for
9 the donation, collection, and preservation of such
10 samples, and shall be conducted so that the tissues
11 and other materials saved, as well as any database
12 compiled from such tissues and materials, are avail-
13 able to researchers at a reasonable cost.

14 “(3) COORDINATION.—The Centers for Disease
15 Control and Prevention shall coordinate research
16 and surveillance activities of such Centers with the
17 National Institutes of Health, other appropriate
18 Federal agencies, and interested nonprofit private
19 entities, which shall be updated as determined ap-
20 propriate by the Secretary.

21 “(d) DEFINITION.—In this section, the term ‘eating
22 disorder’ includes anorexia nervosa, bulimia nervosa, binge
23 eating disorder, and eating disorders not otherwise speci-
24 fied (EDNOS), as defined in the fifth edition of ‘Diag-

1 nostic and Statistical Manual of Mental Disorders’ or, if
2 applicable, the most recent successor edition.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section,
5 \$2,000,000 for each of fiscal years 2014 through 2018.”.

6 **TITLE II—EDUCATION AND**
7 **PREVENTION**

8 **SEC. 201. STUDY OF MANDATORY BMI REPORTING IN**
9 **SCHOOL.**

10 Not later than 1 year after the date of the enactment
11 of this Act, the Director of the Centers for Disease Control
12 and Prevention, in consultation with the Secretary of Edu-
13 cation and leading eating disorders researchers and clini-
14 cians, shall conduct a study and submit a report to the
15 Congress on—

16 (1) measuring the body mass index (in this sec-
17 tion referred to as “BMI”) of students for those
18 schools (at any level including pre-schools, kinder-
19 gartens, elementary schools, secondary schools, and
20 institutions of higher education) that are measuring
21 the BMI of students;

22 (2) the impacts (both positive and negative) on
23 students of such measures, including unhealthy
24 weight control behaviors, perceptions of body image,

1 eating disorder symptoms, and the incidence of teas-
2 ing or bullying based on body size; and

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

6 **SEC. 202. TRAINING AND EDUCATION.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services, acting through the Director of the Office
9 on Women’s Health of the Department of Health and
10 Human Services and in consultation with the Secretary
11 of Education and with the Task Force for Health Profes-
12 sions established under section 399Z(b) of the Public
13 Health Service Act (as added by section 203(a)(2) of this
14 Act), shall—

15 (1) expand the BodyWise Handbook and re-
16 lated fact sheets and resource lists available on the
17 public Internet site of the National Women’s Health
18 Information Center sponsored by the Office on
19 Women’s Health, to include—

20 (A) updated findings and conclusions as
21 needed; and

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

24 (2) incorporate, as appropriate, information
25 from such BodyWise Handbook and related facts

1 sheets and resource lists into the curriculum of the
2 BodyWorks obesity prevention program developed by
3 the Office on Women’s Health and training modules
4 used in such obesity prevention program; and

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

14 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated \$1,000,000 to carry out
16 subsection (a).

17 **SEC. 203. HEALTH PROFESSIONAL EDUCATION AND TRAIN-**
18 **ING.**

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

21 (1) by redesignating subsection (b) as sub-
22 section (d); and

23 (2) by inserting after subsection (a) the fol-
24 lowing new subsections:

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

1 “(1) ESTABLISHMENT.—The Secretary, acting
2 through the Administrator of the Health Resources
3 and Services Administration and one or more of the
4 Centers of Excellence receiving funds under section
5 499B(b), shall establish a Task Force for Health
6 Professions (in this subsection referred to as the
7 ‘task force’) comprised of experts in the field of eat-
8 ing disorders (including researchers, clinicians, care
9 providers, and experts in eating disorders education
10 and prevention), individuals with eating disorders,
11 and individuals with family members who have eat-
12 ing disorders.

13 “(2) DUTIES.—The task force shall—

14 “(A) develop, based on the BodyWise
15 Handbook and related fact sheets and resource
16 lists available on the public Internet site of the
17 National Women’s Health Information Center
18 sponsored by the Office on Women’s Health of
19 the Department of Health and Human Services
20 and updated under section 202(a)(1) of the
21 Federal Response to Eliminate Eating Dis-
22 orders Act of 2013, an evidence-based or
23 emerging best-practices training program for
24 health professionals on eating disorders;

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

3 “(C) provide training and technical assist-
4 ance to grant recipients.

5 “(3) REPORT.—Not later than 6 years after the
6 date of the enactment of this subsection, the task
7 force shall submit to the Congress and make publicly
8 available a report on the training program developed
9 under paragraph (2) and the results achieved
10 through grants awarded for implementation of such
11 program.

12 “(c) DEFINITION.—In this section, the term ‘eating
13 disorder’ has the meaning given such term in section
14 39900(d).”; and

15 (3) by amending subsection (d) (as so redesign-
16 ated) to read as follows:

17 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated—

19 “(1) to carry out subsection (a), \$1,000,000 for
20 fiscal year 2014 and \$500,000 for each of fiscal
21 years 2015 through 2018; and

22 “(2) to carry out subsection (b), \$10,000,000
23 for each of fiscal years 2014 through 2018.”.

1 **SEC. 204. EDUCATION AND TRAINING FOR ALL HEALTH**
2 **PROFESSIONALS.**

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

6 (1) by redesignating subsections (c) and (d) as
7 subsections (d) and (e), respectively;

8 (2) by inserting after subsection (b) the fol-
9 lowing new subsection:

10 “(c) GRANTS REGARDING EATING DISORDERS.—

11 “(1) IN GENERAL.—The Secretary may award
12 grants to eligible entities to integrate training into
13 existing curricula for primary care physicians and
14 other licensed or certified health and mental health
15 professionals on how to identify, refer, treat, and
16 prevent eating disorders and aid individuals who suf-
17 fer from eating disorders.

18 “(2) APPLICATION.—An entity that desires a
19 grant under this subsection shall submit to the Sec-
20 retary an application at such time, in such manner,
21 and containing such information as the Secretary
22 may require, including a plan for the use of funds
23 that may be awarded and an evaluation of the train-
24 ing that will be provided.

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

4 “(A) use the training program developed
5 by the Task Force for Health Professions under
6 subsection (b)(2)(A), evidence-based findings,
7 promising emerging best practices, or rec-
8 ommendations that pertain to the prevention
9 and treatment of eating disorders to conduct
10 educational training and conferences, including
11 Internet-based courses and teleconferences,
12 on—

13 “(i) how to treat or prevent eating
14 disorders;

15 “(ii) how to discuss varied strategies
16 with patients from at-risk and diverse pop-
17 ulations to promote positive behavior
18 change and healthy lifestyles to prevent
19 eating disorders;

20 “(iii) how to identify individuals with
21 eating disorders, and those who are at risk
22 for suffering from eating disorders and,
23 therefore, at risk for related serious and
24 chronic medical and mental health condi-
25 tions; and

1 “(iv) how to conduct a comprehensive
2 assessment of individual and familial
3 health risk factors; and

4 “(B) evaluate and report to the Task
5 Force for Health Professions on the effective-
6 ness of the training provided by such entity in
7 increasing knowledge and changing attitudes
8 and behaviors of trainees.”; and

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

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

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

14 (C) by adding at the end the following new
15 paragraph:

16 “(3) to carry out subsection (c), \$10,000,000
17 for each of fiscal years 2014 through 2018.”.

18 **SEC. 205. EDUCATION AND TRAINING FOR SCHOOL AND**

19 **HIGHER EDUCATION PROFESSIONALS.**

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

22 (1) **ESTABLISHMENT.—**Not later than 1 year
23 after the date of the enactment of this Act, the Sec-
24 retary of Health and Human Services, in consulta-
25 tion with Centers of Excellence receiving funds

1 under section 499B of the Public Health Service Act
2 (as added by section 101 of this Act) and experts in
3 eating disorder prevention and treatment, shall es-
4 tablish a Task Force on Eating Disorders Preven-
5 tion in Educational Institutions (in this subsection
6 referred to as the “task force”).

7 (2) DUTIES.—The task force shall—

8 (A) expand upon and incorporate informa-
9 tion from the BodyWise eating disorder initia-
10 tive implemented by the Office on Women’s
11 Health of the Department of Health and
12 Human Services to develop and provide training
13 on eating disorders identification and preven-
14 tion for students, faculty, coaches, and staff in
15 kindergartens, elementary schools, secondary
16 schools, and institutions of higher education;

17 (B) develop a program of educational semi-
18 nars on eating disorders identification and pre-
19 vention for use by grant recipients under sub-
20 section (b); and

21 (C) provide training to grant recipients
22 under subsection (b) on implementing such a
23 program, including by integration into existing
24 applicable training curricula.

25 (b) GRANTS.—

1 (1) AUTHORIZATION.—The Secretary of Health
2 and Human Services, acting through the Adminis-
3 trator of the Substance Abuse and Mental Health
4 Services Administration, shall award grants to eligi-
5 ble entities—

6 (A) to conduct educational seminars on
7 eating disorders identification and prevention;
8 and

9 (B) to make resources available to individ-
10 uals affected by eating disorders.

11 (2) EDUCATIONAL SEMINARS.—As a condition
12 on the receipt of a grant under this subsection, an
13 eligible entity shall agree to conduct educational
14 seminars under paragraph (1)(A)—

15 (A) in accordance with the program devel-
16 oped under subsection (a)(2)(B) by the Task
17 Force on Eating Disorders Prevention in Edu-
18 cational Institutions; and

19 (B) taking into consideration educational
20 materials made available through the BodyWise
21 eating disorder initiative of the Department of
22 Health and Human Services and relevant re-
23 search on eating disorders.

24 (3) ELIGIBLE ENTITY.—In this subsection, the
25 term “eligible entity” means any State, territory, or

1 possession of the United States, the District of Co-
2 lumbia, any Indian tribe or tribal organization (as
3 defined in subsections (e) and (l), respectively, of
4 section 4 of the Indian Self-Determination and Edu-
5 cation Assistance Act (25 U.S.C. 450b)), or a public
6 or private educational institution, including an insti-
7 tution of higher education.

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

9 Not later than 18 months after the date of the enact-
10 ment of this Act, the National Center for Education Sta-
11 tistics and the National Center for Health Statistics shall
12 conduct a study on the impact of eating disorders on edu-
13 cational advancement and achievement. The study shall—

14 (1) determine the prevalence of eating disorders
15 among students and the morbidity and mortality
16 rates associated with eating disorders;

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

21 (3) report on current State and local programs
22 to prevent eating disorders, as well as evaluate the
23 value of such programs; and

24 (4) make recommendations on measures that
25 could be undertaken by the Congress, the Depart-

1 ment of Education, States, and local educational
2 agencies to strengthen eating disorder prevention
3 and awareness programs.

4 **SEC. 207. PUBLIC SERVICE ANNOUNCEMENTS.**

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

8 (1) the types of eating disorders;

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

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

14 (4) discrimination and bullying based on body
15 size;

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

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

19 (b) COLLABORATION.—The Director of the National
20 Institute of Mental Health shall conduct the program
21 under subsection (a) in collaboration with—

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

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

3 (A) support individuals affected by eating
4 disorders; and

5 (B) work to prevent eating disorders and
6 address body image and weight issues.

7 (c) ANNOUNCEMENT REQUIREMENTS.—In carrying
8 out the program of public service announcements required
9 by subsection (a), the Director of the National Institute
10 of Mental Health shall ensure that such announcements—

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

14 (2) do not promote or aggravate eating dis-
15 orders, such as by incorporating images, specific be-
16 haviors, or statistics that make eating disorders
17 seem attractive;

18 (3) feature—

19 (A) real people who are or were affected by
20 eating disorders, including individuals who have
21 died of such disorders; and

22 (B) not actors or models in place of such
23 people;

24 (4) make clear that—

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

3 (B) individuals affected by eating disorders
4 need to seek help; and

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

7 **SEC. 208. SENSE OF CONGRESS.**

8 It is the sense of the Congress that—

9 (1) federally funded campaigns to fight obesity
10 should address eating disorders; and

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

13 **TITLE III—TREATMENT**

14 **SEC. 301. COVERAGE FOR TREATMENT FOR EATING DIS-**
15 **ORDERS UNDER GROUP HEALTH PLANS, IN-**
16 **DIVIDUAL HEALTH INSURANCE COVERAGE,**
17 **AND FEHBP.**

18 (a) PUBLIC HEALTH SERVICE ACT AMENDMENTS.—

19 (1) IN GENERAL.—Title XXVII of the Public
20 Health Service Act is amended by inserting after
21 section 2728 (42 U.S.C. 300gg–28), as redesignated
22 by section 1001(2) of the Patient Protection and Af-
23 fordable Care Act (Public Law 111–148), the fol-
24 lowing new section:

1 **“SEC. 2729. COVERAGE FOR TREATMENT FOR EATING DIS-**
2 **ORDERS.**

3 “(a) **COVERAGE.**—A group health plan, and a health
4 insurance issuer offering group or individual health insur-
5 ance coverage, that provides medical and surgical benefits
6 shall provide coverage for treatment for eating disorders
7 consistent with the provisions of this section.

8 “(b) **PROHIBITIONS.**—A group health plan, and a
9 health insurance issuer offering group or individual health
10 insurance coverage, shall not—

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

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

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

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

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

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

15 “(c) OUT-OF-NETWORK PROVIDERS.—In the case of
16 a group health plan, or health insurance issuer offering
17 group or individual health insurance coverage, that pro-
18 vides both medical and surgical benefits and coverage for
19 treatment for eating disorders, if the plan or coverage pro-
20 vides coverage for medical or surgical benefits provided by
21 out-of-network providers, the plan or coverage shall pro-
22 vide coverage for treatment for eating disorders provided
23 by out-of-network providers in a manner that is consistent
24 with the requirements of this section.

1 “(d) RULE OF CONSTRUCTION.—Nothing in this sec-
2 tion shall be construed as preventing a group health plan
3 or issuer from imposing deductibles, coinsurance, or other
4 cost-sharing in relation to treatment for eating disorders,
5 except that such deductibles, coinsurance, or other cost-
6 sharing may not be greater than the deductibles, coinsur-
7 ance, or other cost-sharing imposed on other comparable
8 medical or surgical services covered under the plan.

9 “(e) PREEMPTION.—Nothing in this section shall be
10 construed to preempt any State law in effect on the date
11 of enactment of this section with respect to health insur-
12 ance coverage that requires coverage of at least the cov-
13 erage for treatment for eating disorders otherwise re-
14 quired under this section.

15 “(f) EATING DISORDERS DEFINED.—For purposes
16 of this section, the term ‘eating disorder’ includes anorexia
17 nervosa, bulimia nervosa, binge eating disorder, and eat-
18 ing disorders not otherwise specified (EDNOS), as defined
19 in the fifth edition of ‘Diagnostic and Statistical Manual
20 of Mental Disorders’ or, if applicable, the most recent suc-
21 cessor edition.”.

22 (2) TREATMENT OF INDIVIDUAL MARKET BE-
23 FORE 2014.—For purposes of applying section 2729
24 of the Public Health Service Act, as inserted by
25 paragraph (1), to individual health insurance cov-

1 erage before 2014, the provisions of such section
2 shall be treated as also included under part B of
3 title XXVII of the Public Health Service Act.

4 (b) ERISA AMENDMENTS.—

5 (1) IN GENERAL.—Subpart B of part 7 of sub-
6 title B of title I of the Employee Retirement Income
7 Security Act of 1974 (29 U.S.C. 1185 et seq.) is
8 amended by adding at the end the following new sec-
9 tion:

10 **“SEC. 716. COVERAGE FOR TREATMENT FOR EATING DIS-**
11 **ORDERS.**

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

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

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

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

8 “(3) provide monetary payments, rebates, or
9 other benefits to individuals to encourage such indi-
10 viduals to accept less than the minimum protections
11 available under this section;

12 “(4) penalize or otherwise reduce or limit the
13 reimbursement of a provider because such provider
14 provided care to an individual participant or bene-
15 ficiary in accordance with this section;

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

20 “(6) deny to an individual participant or bene-
21 ficiary continued eligibility to enroll or to renew cov-
22 erage under the terms of the plan, solely because the
23 individual was previously found to have an eating
24 disorder or to have received treatment for an eating
25 disorder.

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

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

20 “(e) PREEMPTION.—Nothing in this section shall be
21 construed to preempt any State law in effect on the date
22 of enactment of this section with respect to health insur-
23 ance coverage that requires coverage of at least the cov-
24 erage for treatment for eating disorders otherwise re-
25 quired under this section.

1 “(f) EATING DISORDERS DEFINED.—For purposes
2 of this section, the term ‘eating disorder’ includes anorexia
3 nervosa, bulimia nervosa, binge eating disorder, and eat-
4 ing disorders not otherwise specified (EDNOS), as defined
5 in the fifth edition of ‘Diagnostic and Statistical Manual
6 of Mental Disorders’ or, if applicable, the most recent suc-
7 cessor edition.”.

8 (2) CONFORMING AMENDMENTS.—

9 (A) Section 732(a) of such Act (29 U.S.C.
10 1191a(a)) is amended by striking “section 711”
11 and inserting “sections 711 and 716”.

12 (B) The table of contents in section 1 of
13 such Act is amended by inserting after the item
14 relating to section 714 the following new items:

“Sec. 715. Additional market reforms.

“Sec. 716. Coverage for treatment for eating disorders.”.

15 (1) IN GENERAL.—Subchapter B of chapter
16 100 of the Internal Revenue Code of 1986, as
17 amended by subsection (f) of section 1563 (relating
18 to conforming amendments) of the Patient Protec-
19 tion and Affordable Care Act (Public Law 111–148),
20 is amended by inserting after section 9815 the fol-
21 lowing:

1 **“SEC. 9816. 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, binge eating disorder, and eat-
8 ing disorders not otherwise specified (EDNOS), as defined
9 in the fifth edition of ‘Diagnostic and Statistical Manual
10 of Mental Disorders’ or, if applicable, the most recent suc-
11 cessor edition.”.

12 (2) CLERICAL AMENDMENT.—The table of sec-
13 tions of such subchapter is amended by adding at
14 the end the following new items:

“Sec. 9815. Additional market reforms.

“Sec. 9816. Coverage for treatment for eating disorders.”.

15 (3) CONFORMING AMENDMENT.—Section
16 4980D(d)(1) of the Internal Revenue Code of 1986
17 is amended by striking “section 9811” and inserting
18 “sections 9811 and 9816”.

19 (d) APPLICATION UNDER FEDERAL EMPLOYEES
20 HEALTH BENEFITS PROGRAM (FEHBP).—Section 8902
21 of title 5, United States Code, is amended by adding at
22 the end the following new subsection:

1 “(p) A contract may not be made or a plan approved
2 which does not comply with the requirements of section
3 2729 of the Public Health Service Act.”.

4 (e) EFFECTIVE DATES.—The amendments made by
5 this section shall apply with respect to group health plans
6 and health benefit plans for plan years beginning on or
7 after the date that is 6 months after the date of the enact-
8 ment of this Act, and with respect to health insurance cov-
9 erage offered, sold, issued, renewed, in effect, or operated
10 in the individual market on or after such date that is 6
11 months after such date of enactment.

12 (f) COORDINATION OF ADMINISTRATION.—The Sec-
13 retary of Labor, the Secretary of Health and Human Serv-
14 ices, and the Secretary of the Treasury shall ensure,
15 through the execution of an interagency memorandum of
16 understanding among such Secretaries, that—

17 (1) regulations, rulings, and interpretations
18 issued by such Secretaries relating to the same mat-
19 ter over which two or more such Secretaries have re-
20 sponsibility under the provisions of this section (and
21 the amendments made thereby) are administered so
22 as to have the same effect at all times; and

23 (2) coordination of policies relating to enforcing
24 the same requirements through such Secretaries in
25 order to have a coordinated enforcement strategy

1 that avoids duplication of enforcement efforts and
2 assigns priorities in enforcement.

3 **TITLE IV—IMPROVING AVAIL-**
4 **ABILITY AND ACCESS TO**
5 **TREATMENT**

6 **SEC. 401. MEDICAID COVERAGE FOR EATING DISORDER**
7 **TREATMENT SERVICES.**

8 (a) IN GENERAL.—Section 1905 of the Social Secu-
9 rity Act (42 U.S.C. 1396d(a)), as amended by section
10 2301(a)(1) of the Patient Protection and Affordable Care
11 Act (Public Law 111–148) and section 1202(b) of the
12 Health Care and Education Reconciliation Act of 2010
13 (Public Law 111–152), 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”;

23 and

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

1 “(ee) EATING DISORDER TREATMENT SERVICES.—

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

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

19 (b) INCREASED FMAP FOR EATING DISORDER
20 TREATMENT SERVICES.—Section 1905(b) of the Social
21 Security Act (42 U.S.C. 1396d(b)), as amended by section
22 4106(b) of the Patient Protection and Affordable Care
23 Act, is amended—

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

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

10 (c) INCLUSION IN EPSDT SERVICES.—Section
11 1905(r)(1)(B) of such Act (42 U.S.C. 1396d(r)(1)(B)) is
12 amended—

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

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

16 (3) by inserting after clause (v) the following
17 new clause:

18 “(vi) appropriate diagnostic services
19 relating to eating disorders (as defined in
20 section 3990O of the Public Health Serv-
21 ice Act).”.

22 (d) EXCEPTION FROM OPTIONAL RESTRICTION
23 UNDER MEDICAID DRUG COVERAGE.—Section
24 1927(d)(2)(A) of such Act (42 U.S.C. 1396r–8(d)(2)(A))
25 is amended by inserting before the period at the end the

1 following: “, except for drugs that are prescribed, in ac-
2 cordance with generally accepted medical guidelines, for
3 the purpose of treatment of an individual who is eligible
4 for medical assistance under the State plan and has an
5 eating disorder (as defined in section 3990O of the Public
6 Health Service Act)”.

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

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

11 Subpart II of part D of title IX of the Public Health
12 Service Act (42 U.S.C. 299b–33 et seq.), as amended by
13 section 6301(b) of the Patient Protection and Affordable
14 Care Act (Public Law 111–148), is further amended by
15 adding at the end the following:

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

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

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

24 “(1) be a public or nonprofit private entity (in-
25 cluding a health department of a State or tribal

1 agency, a community-based organization, or an insti-
2 tution of higher education);

3 “(2) prepare and submit to the Secretary an
4 application at such time, in such manner, and con-
5 taining such information as the Secretary may re-
6 quire, including—

7 “(A) comprehensive strategies for advo-
8 eating on behalf of, and working with, individ-
9 uals with eating disorders or at risk for devel-
10 oping eating disorders;

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

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

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

23 “(1) providing education and outreach in com-
24 munity settings regarding eating disorders and asso-

1 ciated health problems, especially among low-income,
2 minority, and medically underserved populations;

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

6 “(3) assisting in communication and coopera-
7 tion between patients and providers;

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

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

16 “(6) identifying, referring, and enrolling under-
17 served populations in appropriate health care agen-
18 cies and community-based programs and organiza-
19 tions in order to increase access to high-quality
20 health care services;

21 “(7) providing technical assistance, training,
22 and organizational support for patient advocates;
23 and

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

1 “(d) REQUIREMENTS OF GRANTEES.—

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

6 “(2) CONTRIBUTION OF FUNDS.—A grantee
7 under this section, and any entity receiving assist-
8 ance under the grant for training and education,
9 shall contribute non-Federal funds, either directly or
10 through in-kind contributions, to the costs of the ac-
11 tivities to be funded under the grant in an amount
12 that is not less than 50 percent of the total cost of
13 such activities.

14 “(3) REPORTING TO SECRETARY.—A grantee
15 under this section shall submit to the Secretary a re-
16 port, at such time, in such manner, and containing
17 such information as the Secretary may require, in-
18 cluding a description and evaluation of the activities
19 described in subsection (c) carried out by such enti-
20 ty.

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

24 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
25 carry out this section, there are authorized to be appro-

1 priated \$1,000,000 for each of fiscal years 2014 through
2 2018.”.

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