

AMENDMENT TO RULES COMMITTEE PRINT 116-

57

OFFERED BY MR. MOULTON OF MASSACHUSETTS

At the end of subtitle A of title VII, add the following new section:

1 **SEC. 705. TREATMENT OF EATING DISORDERS.**

2 (a) FINDINGS.—Congress finds the following:

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

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

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

16 (4) Research demonstrates that—

1 (A) eating disorders often co-occur with
2 complex medical conditions, mental illnesses,
3 and substance use disorders; and

4 (B) up to 35 percent of individuals with a
5 substance use disorder have a co-occurring eat-
6 ing disorder.

7 (5) Studies indicate that there is a higher prev-
8 alence of eating disorders among members of the
9 Armed Forces and veterans than among the general
10 population.

11 (6) Family members of members of the Armed
12 Forces have a higher prevalence of eating disorders
13 than the general population, with 20 percent of chil-
14 dren of members of the Armed Forces found at risk
15 of developing an eating disorder.

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

20 (8) Female members of the Armed Forces have
21 a particularly high risk for an eating disorder, as
22 studies have found that 16 percent of such members
23 have an eating disorder and 34 percent of such
24 members are at risk of developing an eating dis-
25 order.

1 (b) EATING DISORDERS TREATMENT FOR DEPEND-
2 ENTS.—Section 1079 of title 10, United States Code, is
3 amended—

4 (1) in subsection (a), by adding at the end the
5 following new paragraph:

6 “(18) Treatment for eating disorders may be
7 provided in accordance with subsection (r).”; and

8 (2) by adding at the end the following new sub-
9 section:

10 “(r)(1) The provision of health care services for an
11 eating disorder under subsection (a)(18) shall include
12 treatment at facilities providing the following hospital-
13 based or freestanding services:

14 “(A) Inpatient services.

15 “(B) Residential services.

16 “(C) Partial hospitalization services.

17 “(D) Intensive outpatient services.

18 “(E) Outpatient services.

19 “(2) A dependent may be provided health care serv-
20 ices for an eating disorder under subsection (a)(18) with-
21 out regard to the age of the dependent, except with respect
22 to residential services under paragraph (1)(B) which may
23 be provided only to a dependent who has not attained the
24 age of 65.

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

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

5 “(B) provides to the Secretary of Defense
6 verifiable outcome measurements demonstrating clin-
7 ical improvement of patients when reasonably pos-
8 sible to collect such measurements.

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

14 (c) IDENTIFICATION AND TREATMENT OF EATING
15 DISORDERS FOR MEMBERS OF THE ARMED FORCES.—
16 Section 1090 of title 10, United States Code, is amend-
17 ed—

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

20 “(a) IDENTIFICATION AND TREATMENT OF EATING
21 DISORDERS AND DRUG AND ALCOHOL DEPENDENCE.—
22 The Secretary of Defense”;

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

1 (3) by adding at the end the following new sub-
2 sections:

3 “(b) FACILITIES AVAILABLE TO INDIVIDUALS WITH
4 EATING DISORDERS.—For purposes of this section, nec-
5 essary facilities described in subsection (a) shall include
6 the facilities described in section 1079(r)(1) of this title.

7 “(c) EATING DISORDER DEFINED.—In this section,
8 the term ‘eating disorder’ has the meaning given that term
9 in section 1079(r)(4) of this title.”.

10 (d) MENTAL HEALTH EARLY IDENTIFICATION
11 TRAINING.—Section 1090a of title 10, United States
12 Code, is amended—

13 (1) in subsection (b)—

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

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

18 (C) by adding at the end the following new
19 paragraph:

20 “(3) require commanders and supervisory per-
21 sonnel to undertake mental health early identifica-
22 tion training.”; and

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

1 “(4) The term ‘mental health early identifica-
2 tion training’ means training designed to educate
3 the trainee on—

4 “(A) warning signs and symptoms of men-
5 tal health illness, including an eating disorder;
6 and

7 “(B) how to refer an individual for mental
8 health treatment.”.

9 (e) FUNDING.—

10 (1) INCREASE.—Notwithstanding the amounts
11 set forth in the funding tables in division D, the
12 amount authorized to be appropriated in section
13 1405 for the Defense Health Program, as specified
14 in the corresponding funding table in section 4501,
15 for Private Sector Care is hereby increased by
16 \$1,000,000.

17 (2) OFFSET.—Notwithstanding the amounts set
18 forth in the funding tables in division D, the amount
19 authorized to be appropriated in section 1405 for
20 the Defense Health Program, as specified in the cor-
21 responding funding table in section 4501, for Base
22 Operations/Communications is hereby reduced by
23 \$1,000,000.

