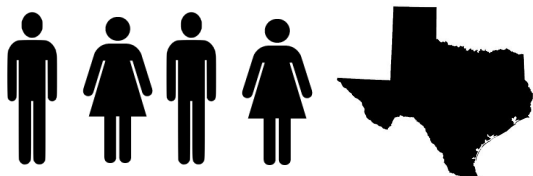


SERVE ACT (S. 2673/H.R. 2767)

SUPPORTING EATING DISORDERS RECOVERY THROUGH VITAL EXPANSION

THE FACTS ON EATING DISORDERS



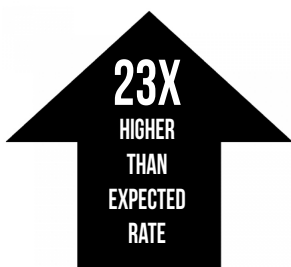
NUMBER OF AMERICANS AFFECTED BY EATING DISORDERS:¹

30 MILLION

POPULATION OF TEXAS

28.3 MILLION

EATING DISORDERS HAVE ONE OF THE HIGHEST MORTALITY RATES OF ANY PSYCHIATRIC ILLNESS.²

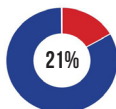


SUICIDE RATES FOR EATING DISORDERS:³

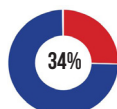
EATING DISORDERS IN THE MILITARY

7-8%

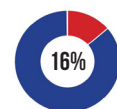
ESTIMATED PERCENT OF ALL SERVICEMEMBERS WHO ARE AFFECTED BY AN EATING DISORDER:⁴



CHILDREN OF SERVICEMEMBERS AT RISK



FEMALE ACTIVE-DUTY SERVICEMEMBERS AT RISK



FEMALE VETERANS WITH AN EATING DISORDER

The combination of greater frequency of servicemember parental deployments and higher parental distress are associated with higher disordered eating in military children.⁵

This rate is **3 times** that of their civilian peers.⁶

Note: "At risk" means to meet eating disorder screening criteria via the Eating Attitudes Test-26

STUDIES SHOW THAT THERE IS A STRONG CORRELATION BETWEEN PTSD, MILITARY SEXUAL TRAUMA, AND EATING DISORDERS.⁷

PTSD/
MST



EATING
DISORDERS

THE SERVE ACT AIMS TO FIX A NUMBER OF CURRENT ISSUES:

ISSUE #1: AGE LIMIT FOR BENEFICIARIES: Residential eating disorder treatment under TRICARE is limited to those under the age of 21. This prohibition prevents dependents and spouses who are over the age of 21 from receiving treatment.

FIX: Clarifies that under TRICARE, eating disorders treatment, including freestanding residential, partial hospitalization, and intensive outpatient levels of care, shall be provided to beneficiaries without age limitations when medically necessary.

ISSUE #2: LIMITS ON FREESTANDING EATING DISORDER TREATMENT FACILITIES: Regulations make it difficult for freestanding residential eating disorder treatment centers to contract with TRICARE. However, the vast majority of intermediate-level eating disorder treatment facilities in the U.S. are freestanding (including 80% of the residential facilities). This limits treatment options for both servicemembers and beneficiaries, often requiring them to purchase airfare and fly out of state in order to receive treatment.

FIX: Clarifies that nothing shall prohibit treatment of eating disorders at freestanding residential eating disorder treatment centers. Also requires facilities to provide outcomes measurements when possible.

ISSUE #3: COMMANDING OFFICER MENTAL HEALTH EDUCATION: Many military Commanding Officers and Supervisors are not provided the resources to help identify signs and symptoms of mental illnesses like eating disorders.

FIX: Requires mental health early identification training be taken by Commanders or Supervisory personnel.

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References from Infographic

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