

117TH CONGRESS  
1ST SESSION

# S. 194

To amend title 10, United States Code, to provide treatment for eating disorders for dependents of members of the uniformed services.

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IN THE SENATE OF THE UNITED STATES

FEBRUARY 3, 2021

Mrs. SHAHEEN (for herself, Mr. TILLIS, Mrs. CAPITO, and Ms. HIRONO) introduced the following bill; which was read twice and referred to the Committee on Armed Services

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## A BILL

To amend title 10, United States Code, to provide treatment for eating disorders for dependents of members of the uniformed services.

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 “Supporting Eating  
5 Disorders Recovery Through Vital Expansion Act” or the  
6 “SERVE Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

1           (1) Eating disorders affect approximately  
2           30,000,000 individuals in the United States, or nine  
3           percent of the population, during their lifetime, in-  
4           cluding individuals from every age, gender, body  
5           size, race, ethnicity, and socioeconomic status.

6           (2) Eating disorders are severe, biologically  
7           based mental illnesses caused by a complex inter-  
8           action of genetic, biological, social, behavioral, and  
9           psychological factors.

10          (3) Eating disorders result in the second high-  
11          est case fatality rate of any psychiatric illness, with  
12          one death every 52 minutes as a direct result of an  
13          eating disorder due to serious medical comorbidities  
14          and suicide.

15          (4) Untreated eating disorders cost the econ-  
16          omy of the United States \$64,700,000,000 annually,  
17          with individuals and their families experiencing an  
18          economic loss of \$23,500,000,000 annually.

19          (5) A study from the Armed Forces Health  
20          Surveillance Branch found that diagnoses of eating  
21          disorders among military personnel increased by 26  
22          percent from 2013 to 2016.

23          (6) Although accurate estimates are challenging  
24          due to underreporting, the prevalence of eating dis-

1 orders among members of the Armed Forces is two  
2 to three times higher than in the civilian population.

3 (7) The Defense Health Board found that  
4 women members of the Armed Forces on active duty  
5 experience high rates of eating disorders, which can  
6 adversely affect the readiness and health of such  
7 members.

8 (8) Risk factors for eating disorders among  
9 members of the Armed Forces include pressure to  
10 maintain weight and fitness standards, trauma, sex-  
11 ual harassment, weight stigmatization, and post-  
12 traumatic stress disorder.

13 (9) Family members of members of the Armed  
14 Forces have a higher prevalence of eating disorders  
15 than the general population, with 21 percent of chil-  
16 dren and 26 percent of spouses of members of the  
17 Armed Forces found to be at risk of developing an  
18 eating disorder.

19 (10) Research demonstrates a strong correla-  
20 tion in the risk of developing an eating disorder be-  
21 tween a military spouse and their adolescent child.  
22 An adolescent female dependent of a member of the  
23 Armed Forces is more likely to be at risk for an eat-  
24 ing disorder if their nonmilitary parent is at risk for  
25 an eating disorder.

1 **SEC. 3. TREATMENT FOR EATING DISORDERS FOR DEPEND-**  
2 **ENTS OF MEMBERS OF THE UNIFORMED**  
3 **SERVICES.**

4 Section 1079 of title 10, United States Code, is  
5 amended—

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

8 “(18) Treatment for an eating disorder may be  
9 provided in accordance with subsection (r).”; and

10 (2) by adding at the end the following new sub-  
11 section:

12 “(r)(1) The provision of health care services for an  
13 eating disorder under subsection (a)(18) shall include  
14 treatment at facilities providing the following services:

15 “(A) Inpatient services, including residential  
16 services.

17 “(B) Outpatient services for in-person and tele-  
18 health care, including—

19 “(i) partial hospitalization services; and

20 “(ii) intensive outpatient services.

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

1 hospital insurance benefits under part A of title XVIII of  
 2 the Social Security Act (42 U.S.C. 1395e et seq.).

3 “(3) In this section, the term ‘eating disorder’ has  
 4 the meaning given the term ‘feeding and eating disorders’  
 5 in the Diagnostic and Statistical Manual of Mental Dis-  
 6 orders, 5th Edition (or successor edition), published by the  
 7 American Psychiatric Association.”.

8 **SEC. 4. IDENTIFICATION AND TREATMENT OF EATING DIS-**  
 9 **ORDERS FOR MEMBERS OF THE ARMED**  
 10 **FORCES.**

11 (a) IN GENERAL.—Section 1090 of title 10, United  
 12 States Code, is amended—

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

15 “(a) IDENTIFICATION AND TREATMENT OF EATING  
 16 DISORDERS AND DRUG AND ALCOHOL DEPENDENCE.—  
 17 The Secretary of Defense”;

18 (2) by inserting “have an eating disorder or”  
 19 before “are dependent on drugs or alcohol”;

20 (3) by adding at the end the following new sub-  
 21 sections:

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

1       “(c) EATING DISORDER DEFINED.—In this section,  
2 the term ‘eating disorder’ has the meaning given that term  
3 in section 1079(r)(3) of this title.”; and

4               (4) in the section heading, by inserting “**eat-**  
5       **ing disorders and**” after “**treating**”.

6       (b) CLERICAL AMENDMENT.—The table of sections  
7 at the beginning of chapter 55 of such title is amended  
8 by striking the item relating to section 1090 and inserting  
9 the following new item:

“1090. Identifying and treating eating disorders and drug and alcohol depend-  
ence.”.

10 **SEC. 5. CLINICAL PRACTICE CRITERIA AND GUIDELINES**  
11                       **ON THE IDENTIFICATION AND TREATMENT**  
12                       **OF EATING DISORDERS.**

13       (a) IN GENERAL.—Not later than two years after the  
14 date of the enactment of this Act, the Secretary of Defense  
15 and the Secretary of Veterans Affairs, in consultation with  
16 specialized stakeholders, shall jointly develop, publish, and  
17 disseminate clinical practice criteria and guidelines on the  
18 identification and treatment of eating disorders.

19       (b) INCLUSION OF RECOMMENDATIONS AND GUIDE-  
20 LINES.—The criteria and guidelines developed, published,  
21 and disseminated under subsection (a) shall include—

22               (1) recommendations and guidelines established  
23 by, and any guidance from, the Substance Abuse  
24 and Mental Health Services Administration, the

- 1 Centers for Disease Control and Prevention, and the
- 2 National Institute of Mental Health; and
- 3 (2) clinical practice guidelines developed by spe-
- 4 cialized nonprofit professional associations.

