

United States Senate

WASHINGTON, DC 20510

May 15, 2018

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Secretary Azar,

More than 30 million Americans suffer from a clinically significant eating disorder during their lifetimes, but experts estimate that only one in ten people receive treatment. Congress recently enacted bipartisan legislation that takes significant steps to improve prevention, treatment, and diagnosis to better support those struggling with an eating disorder.

As you know, the bipartisan 21st Century Cures Act was signed into law in December of 2016. It placed a strong emphasis on improving our mental health care system and also addressed the mental illness with the highest mortality rate—eating disorders. The eating disorder provisions included in the law—derived from the bipartisan Anna Westin Act of 2015 (H.R. 2515/ S. 1865)—were designed to improve early detection of eating disorders by health professionals, increase access to quality and affordable treatment for eating disorders under mental health parity, and provide the public with resources to help prevent and identify these conditions.

Although many people with eating disorders can live healthy lives when their conditions are identified and they receive treatment, there is a shortage of evidence-based training and education programs that prepare health professionals to recognize and treat eating disorders. We can and must do more to identify these conditions so that people with eating disorders can get the care they need.

While we appreciate the Department of Health and Human Services' (HHS) initial work to implement the bipartisan eating disorder provisions enacted in the 21st Century Cures Act—including the release of initial mental health parity FAQs for eating disorders and updates of the Office of Women's Health (OWH) factsheets for eating disorders—we are concerned about HHS's delay in implementing the early identification and intervention training programs for nurses, doctors, and other health professionals authorized by Section 13006 of the law.

We urge HHS to consider using existing training and intervention models as examples to implement Section 13006, such as the Health Resources and Services Administration's (HRSA) Intimate Partner Violence program and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Screening, Brief Intervention and Referral to Treatment program for substance use disorder. Like substance use disorder and intimate partner violence, people with eating disorders often fail to receive appropriate treatment because the health care workforce lack the proper training and resources. We also strongly urge HRSA to integrate these programs within

its Bureau of Health Workforce's Primary Care Training and Enhancement Program, as requested in the report accompanying the Consolidated Appropriations Act of 2018.

We look forward to continued collaboration on implementation of the provisions signed into law in December 2016 to better support those struggling with eating disorders.

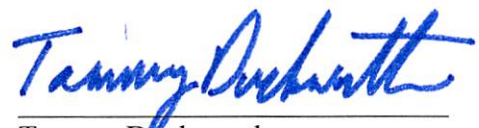
Sincerely,

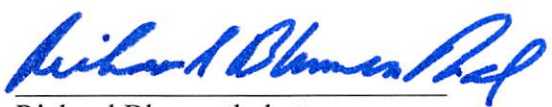

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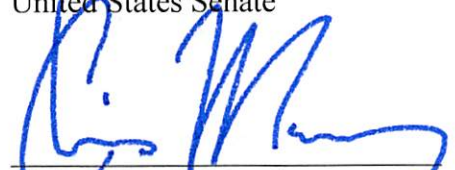

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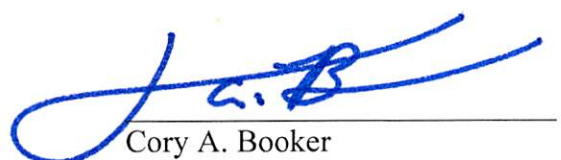

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