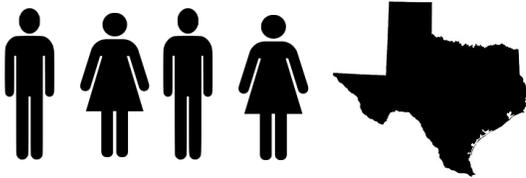


SERVE ACT

SUPPORTING EATING DISORDER RECOVERY THROUGH VITAL EXPANSION

THE FACTS ON EATING DISORDERS



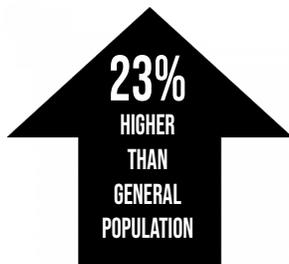
NUMBER OF AMERICANS AFFECTED BY EATING DISORDERS:

30 MILLION

POPULATION OF TEXAS

28.3 MILLION

EATING DISORDERS HAVE THE HIGHEST MORTALITY RATE OF ANY PSYCHIATRIC ILLNESS.

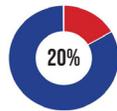


SUICIDE RATES FOR EATING DISORDERS:³

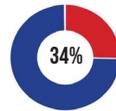
EATING DISORDERS IN THE MILITARY

7-8%

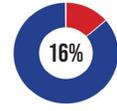
ESTIMATED PERCENT OF ALL SERVICEMEMBERS WHO ARE AFFECTED BY AN EATING DISORDER:⁴



CHILDREN OF SERVICEMEMBERS AT RISK



FEMALE ACTIVE-DUTY SERVICEMEMBERS AT RISK



FEMALE VETERANS WITH AN EATING DISORDER

STUDIES SHOW THAT THERE IS A STRONG CORRELATION BETWEEN PTSD, MILITARY SEXUAL TRAUMA, AND EATING DISORDERS.⁵

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 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 90% 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 eating disorder treatment centers.

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

ISSUE #4: ONEROUS CONTRACTING PROCESS FOR TRICARE PROVIDER BRANCHES: Current regulations create an onerous process for already-authorized TRICARE providers that open a new branch facility - meaning a servicemember can't get treatment when a civilian can.

FIX: Directs the Secretary to promulgate new regulations to expedite the approval process for branches of a currently-authorized TRICARE provider.

IN REP. REPRESENTATIVE OFFICE:
STAFFER NAME (FIRST.LAST@MAIL.HOUSE.GOV)

IN REP. REPRESENTATIVE OFFICE:
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References from Infographic

1. Judson, J.I., Hiripi, E., Pope, H.G., & Kessler, R.C. (2007). The Prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 61(3), 348-358.
2. Arcelus, J., Mitchell, A.J., Wales, J., & Nielsen, S. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. *Archives of General Psychiatry*, 68(7), 724-731.
3. Harris, E.C. & Barraclough, B. (1997). Suicide as an outcome for mental disorders: a meta-analysis. *British Journal of Psychiatry*, 170(3), 205-228.
4. Bodell, L.P., Forney, K.J., Keel, P.K., Gutierrez, P.M., & Joiner, T.E., Jr. (2014). Consequences of making weight: a review of eating disorder symptoms and diagnoses in the United States military. *Clinical Psychology: Science and Practice*, 21(4), 398-409.
5. Forman-Hoffman, V. L., Mengeling, M., Booth, B. M., Torner, J., & Sadler, A. G. (2012). Eating disorders, post-traumatic stress, and sexual trauma in women veterans. *Military Medicine*, 177(10), 1161-1168.