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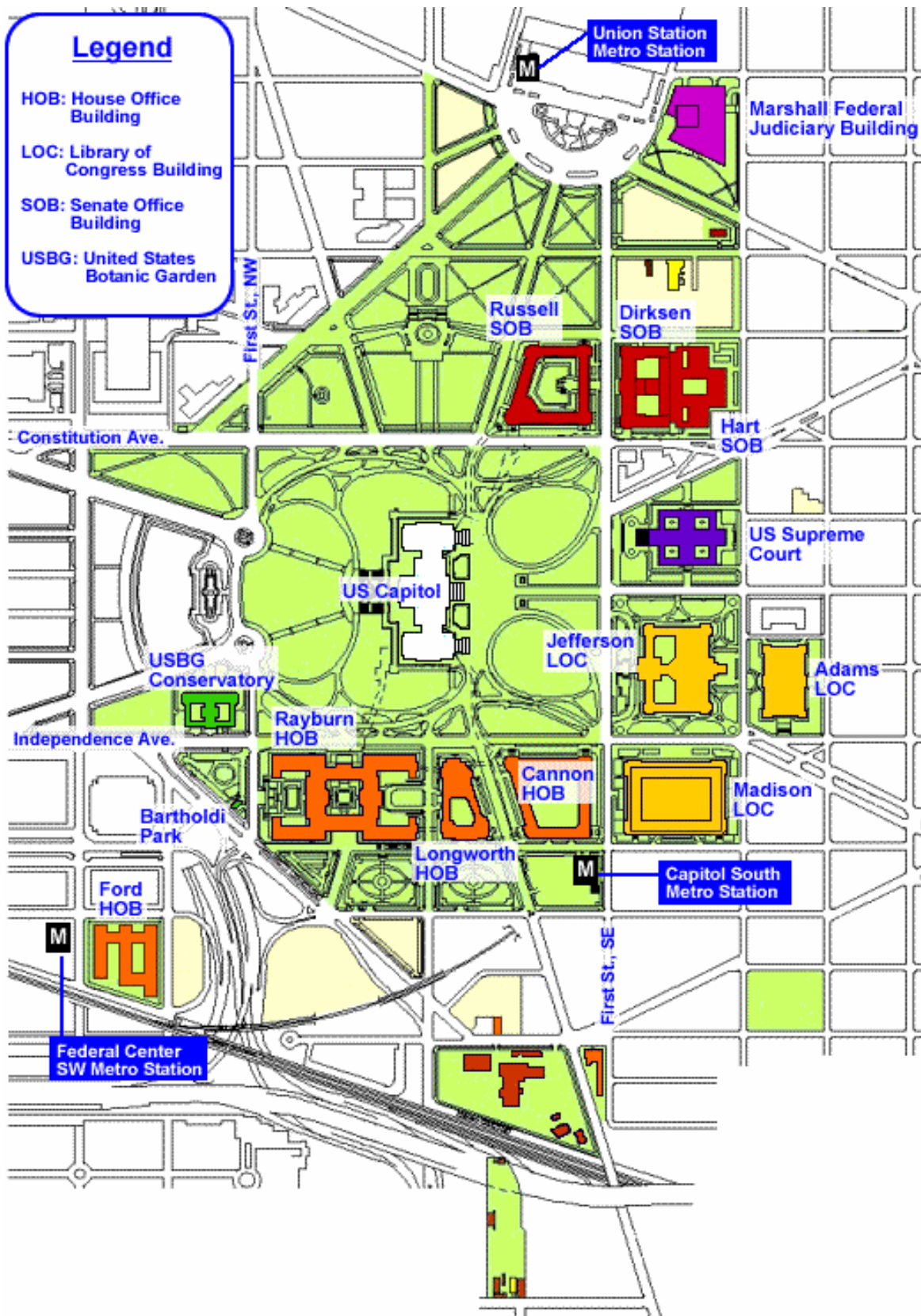
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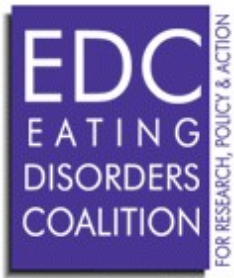
EDC Lobby Day

April 30-May 1

Advocate Packet



 Items		All Capitol Visitors (Public, Staff-Led, and Member-Led)	
		Capitol	Galleries
1	Aerosol Containers	Prohibited	Prohibited
2	Any battery-operated electronic device	Allowed <i>Medical devices are permitted.</i>	Prohibited
3	Any pointed object (knitting needles, letter openers, etc.)	Prohibited <i>Pens and pencils are permitted.</i>	Prohibited
4	Any bag larger than 14" wide x 13" high x 4" deep	Prohibited <i>A visitor with a verified meeting or appointment inside the Capitol (i.e., official business visitors) may exceed the standard maximum bag size if the item is necessary to conduct his or her business. USCP discretion shall be used in each case, with all bags subject to thorough search and security screening.</i>	Prohibited
5	Cameras	Allowed	Prohibited
6	Cans and bottles	Prohibited	Prohibited
7	Creams, lotions, or perfumes	Allowed	Prohibited
8	Electric stun guns, martial arts weapons or devices	Prohibited	Prohibited
9	Food or beverages of any kind	Prohibited	Prohibited
10	Guns, replica guns, ammunition, and fireworks	Prohibited	Prohibited
11	Knives of any size	Prohibited	Prohibited
12	Mace and pepper spray	Prohibited	Prohibited
13	Non-aerosol spray	Prohibited <i>Prescriptions for medical needs are permitted.</i>	Prohibited
14	Razors and box cutters	Prohibited	Prohibited
15	Strollers	Allowed	Prohibited
16	Video recorders or any type of recording device	Allowed	Prohibited



Eating Disorders Fact Sheet

Millions of Americans suffer from eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder. An estimated 90% + are adolescent and young women, although men and adults suffer from eating disorders as well. Eating disorders have serious mental and physical health consequences including death. In fact, anorexia has the highest mortality rate of any mental illness, up to 20%.

What Are Eating Disorders?

Anorexia Nervosa is characterized by severe weight loss, fear of fatness, and distorted body image. People with this disorder see themselves as overweight even though they are dangerously thin. The process of eating becomes an obsession. Unusual eating habits develop, such as avoiding food and meals, picking out a few foods and eating these in small quantities, or carefully weighing and portioning food. People with anorexia may repeatedly check their body weight, and many engage in other techniques to control their weight, such as intense and compulsive exercise, or purging by means of vomiting and abuse of laxatives, enemas, and diuretics.

Bulimia Nervosa is characterized by bingeing with a sense of loss of control followed by vomiting, laxative abuse, diuretics, extreme fasting or extreme exercise. Because purging or other compensatory behavior follows the binge-eating episodes, people with bulimia usually weigh within the normal range for their age and height. However, like individuals with anorexia, they fear gaining weight, desire to lose weight, and feel intensely dissatisfied with their bodies. People with bulimia often perform the behaviors in secrecy, feeling disgusted and ashamed when they binge, yet relieved once they purge.

Binge Eating Disorder is characterized by frequent episodes of out-of-control eating, with the same binge-eating symptoms as those with bulimia. The main difference is that individuals with binge-eating disorder do not purge their bodies of excess calories. Therefore, many with the disorder are overweight for their age and height. Feelings of self-disgust and shame associated with this illness can lead to bingeing again, creating a cycle of binge eating.

Eating Disorders: Lifetime Prevalence: 7 million women and 1 million men suffer from eating disorders.

- 0.5-3.7% of females suffer from anorexia nervosa
- 1.1-4.2% of females suffer from bulimia nervosa
- 2-5% of males and females suffer from binge eating disorder
- 4.5% females, 0.4% males report bulimia in first year of college

Source: APA Work Group on Eating Disorders, 2000

Adolescent Eating Disorders: Prevalence

- 0.5-1% of adolescents have anorexia nervosa
- 2-3% of adolescents have bulimia nervosa

Other Facts about Eating Disorders

- Doubled since 1960s
- Increasing in younger age groups, as young as 7 years
- Occurring increasingly in diverse ethnic and socio-cultural groups
- 40-60% of high school girls diet

- 13% of high school girls purge
- 30-40% of junior high girls worry about weight
- 40% of 9-year-old girls have dieted
- 5-year-old girls are concerned about diet

Source: *Journal of the American Academy of Child and Adolescent Psychiatry*

Mortality

Anorexia Nervosa has the highest mortality rate of any psychiatric disorder, as high as 20%. Death can occur after severe bingeing in bulimia nervosa as well.

Treatment Can Work

With early detection and intervention

Treatment must be as complex as the illness including attention to the following

- Nutritional
- Medical
- Psychiatric
- Psychotherapy with patient, family

Rates of Recovery

- 1/3 recover after initial episode
- 1/3 fluctuate with recovery and relapse
- 1/3 suffer chronic deterioration

If patients do not receive adequate treatment then multiple re-hospitalizations are common.

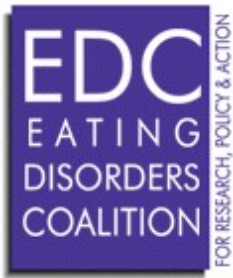
Health Consequences of Eating Disorders

Anorexia Nervosa

- Heart Muscle Shrinkage
- Slow and Irregular Heart Beats
- Heart Failure
- Amenorrhea
- Kidney Stones and Kidney Failure
- Lanugo (Development of Excessive Fine Body Hair on Face, Arms and Legs)
- Muscle Atrophy
- Delayed Gastric Emptying, Bowel Irritation
- Constipation
- Osteoporosis
- Death

Bulimia Nervosa

- Electrolyte imbalance, heart arrhythmia, heart failure
- Teeth erosion and cavities
- Irritation and tears in the throat, esophagus and stomach
- Laxative dependence
- Emetic Toxicity
- Death



Eating Disorder Statistics: 9 Million Americans Hundreds Dying Each Year

9 Million Americans...

The first nationally representative study of eating disorders in the United States appeared in the February 2007 edition of Biological Psychiatry. The National Comorbidity Survey Replication (NCS-R) is a nationally representative survey of the U.S. population that was administered face-to-face to a sample of 9,282 English-speaking adults ages 18 and older between February 2001 and December 2003. Among the results:

- **Eating disorders frequently impair the sufferer's home, work, personal, and social life.**
- **Binge eating is more common than anorexia or bulimia and is commonly associated with severe obesity.**
- Eating disorders display substantial comorbidity with other mental health disorders.
- **While eating disorders often coexist with other mental health disorders, eating disorders often go undiagnosed and untreated. A low number of sufferers obtain treatment for the eating disorder.**

Assuming a population of 300,000,000 Americans...

1.3 million women with Anorexia Nervosa

450,000 men with Anorexia Nervosa

2,250,000 women with Bulimia Nervosa

750,000 men with Bulimia Nervosa

5,250,000 women w/ Binge Eating Disorder

3,000,000 men w/ Binge Eating Disorder

Approximately 9,000,000 Americans with an Eating Disorder (some people experience more than one eating disorder at a time)

Scientifically speaking...

Lifetime prevalence of individual eating disorders is 0.6-4.5%.

Lifetime prevalence of anorexia nervosa is .9% in women, .3% in men.

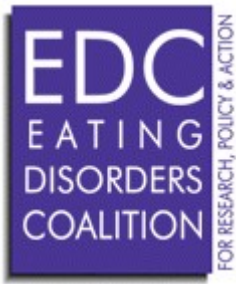
Lifetime prevalence of bulimia nervosa is 1.5% in women, .5% in men.

Lifetime prevalence of binge eating disorder is 3.5% in women, 2.0% in men.

Biological Psychiatry, "The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication," pages 348-358, by James I. Hudson, Eva Hiripi, Jr., Harrison G. Pope, and Ronald C. Kessler.

Hundreds Dying Each Year...

It is estimated that several hundred Americans die each year with eating disorders listed as the primary cause of death. The EDC urges the Centers for Disease Control and Prevention to begin regular reporting on eating disorders listed as either the primary or contributing cause of death.



REQUEST SUPPORT FOR:

The Paul Wellstone Mental Health & Addiction Equity Act of 2007 (H.R. 1424)

Background: In 1996, Congress passed the Mental Health Parity Act (P.L. 104-204), which eliminated annual and lifetime dollar limits for mental healthcare for companies with more than 50 employees. Many employers have been able to skirt the spirit of the law, however, by placing new restrictions on mental health benefits, such as additional limits on outpatient office visits and number of days for inpatient care. The Paul Wellstone Mental Health and Addiction Equity Act of 2007 (H.R. 1424) was introduced in the U.S. House by Rep. Patrick Kennedy (D-RI) and Rep. Jim Ramstad (R-MN).

SUMMARY: H.R. 1424 - Amends the Employee Retirement Income Security Act of 1974 and the Public Health Service Act to prohibit certain employee group health plans or related insurances providing both medical-surgical and mental health benefits from imposing mental health treatment limitations or financial requirements unless comparable limitations and requirements are imposed upon medical-surgical benefits. States that the foregoing shall not be construed as requiring a group health plan (or related insurances) to: (1) provide any mental health benefits; (2) prevent the medical management of mental health benefits; or (3) require the provision of specific mental health services, except to the extent that failure to provide such services would result in a disparity between the coverage of mental health and medical-surgical benefits.

Exempts specified small employers from such requirements.

Requires that, in the case of a group health plan that offers a participant or beneficiary two or more benefit package options, the coverage requirements shall be applied separately with respect to each such option.

Provides that, in the case of a plan or insurance providing in-network mental health benefits, out-of-network mental health benefits need not be provided at parity to medical-surgical benefits, as long as in-network mental health benefits are provided at parity with medical-surgical benefits and the plan or insurance provides reasonable access to in-network providers and facilities.

Requires a General Accounting Office study of such requirements' effects upon health insurance costs, access, and quality and a cost estimation of extending such requirements to the treatment of substance abuse and chemical dependency.

Sponsor: Rep Kennedy, Patrick J. [RI-1] (introduced 3/9/2007) Cosponsors (263)

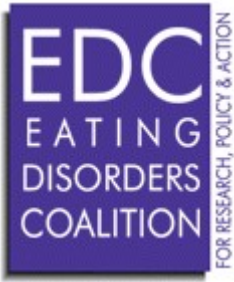
Co-sponsor

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Rep Allen, Thomas H. [ME-1] - 3/9/2007
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 Rep Walz, Timothy J. [MN-1] - 3/9/2007
 Rep Wamp, Zach [TN-3] - 3/9/2007
 Rep Wasserman Schultz, Debbie [FL-20] - 3/9/2007
 Rep Waters, Maxine [CA-35] - 3/9/2007
 Rep Watson, Diane E. [CA-33] - 3/9/2007
 Rep Watt, Melvin L. [NC-12] - 3/9/2007
 Rep Waxman, Henry A. [CA-30] - 3/9/2007
 Rep Weiner, Anthony D. [NY-9] - 3/9/2007
 Rep Welch, Peter [VT] - 3/9/2007
 Rep Wexler, Robert [FL-19] - 3/9/2007
 Rep Wilson, Charles A. [OH-6] - 3/9/2007
 Rep Wilson, Joe [SC-2] - 3/9/2007
 Rep Woolsey, Lynn C. [CA-6] - 3/9/2007
 Rep Wu, David [OR-1] - 3/9/2007
 Rep Wynn, Albert Russell [MD-4] - 3/9/2007
 Rep Yarmuth, John A. [KY-3] - 3/9/2007
 Rep Young, Don [AK] - 3/9/2007



REQUEST SUPPORT FOR:

The Mental Health Parity Act of 2007 (S. 558)

Congressional Research Service SUMMARY AS OF: 2/12/2007--Introduced.

Mental Health Parity Act of 2007 - Amends the Employee Retirement Income Security Act (ERISA) and the Public Health Service Act to require a group health plan that provides both medical and surgical benefits and mental health benefits to ensure that: (1) the financial requirements applicable to such mental health benefits are no more restrictive than those of substantially all medical and surgical benefits covered by the plan, including deductibles and copayments; and (2) the treatment limitations applicable to such mental health benefits are no more restrictive than those applied to substantially all medical and surgical benefits covered by the plan, including limits on the frequency of treatments or similar limits on the scope or duration of treatment. Prohibits the plan from establishing separate cost sharing requirements that are applicable only with respect to mental health benefits.

Excludes from the requirements of this Act any group health plan: (1) for an employer with not more than 50 employees; or (2) whose costs of compliance with this Act increase the total costs of coverage by more than a specified percentage.

Supersedes any provision of state law that establishes, implements, or continues in effect any standard or requirement that differs from the requirements of this Act, except for laws relating to the individual insurance market or small employers.

Requires the Comptroller General to study the effect of this Act on the cost of health insurance coverage, access to such coverage, the quality of health care, and the impact on benefits and coverage for mental health and substance abuse.

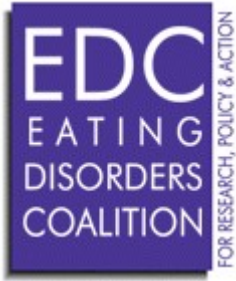
We urge you to adopt the language of the House version of parity in H.R. 1424 in order to

- *Eliminate discrimination based on diagnosis so that eating disorders will be covered*
- *Eliminate the provision to pre-empt state laws so that already strong state laws stay in place.*

Sponsor: Sen Domenici, Pete V. [NM] (introduced 2/12/2007) Cosponsors (46)

Sen Akaka, Daniel K. [HI] - 2/12/2007
Sen Alexander, Lamar [TN] - 2/14/2007
Sen Bennett, Robert F. [UT] - 3/8/2007
Sen Biden, Joseph R., Jr. [DE] - 2/12/2007
Sen Bingaman, Jeff [NM] - 2/14/2007
Sen Boxer, Barbara [CA] - 2/12/2007
Sen Brown, Sherrod [OH] - 2/12/2007
Sen Cantwell, Maria [WA] - 2/12/2007
Sen Cardin, Benjamin L. [MD] - 2/12/2007
Sen Carper, Thomas R. [DE] - 3/8/2007
Sen Clinton, Hillary Rodham [NY] - 2/15/2007
Sen Cochran, Thad [MS] - 3/12/2007
Sen Coleman, Norm [MN] - 2/12/2007
Sen Collins, Susan M. [ME] - 2/12/2007
Sen Conrad, Kent [ND] - 2/15/2007
Sen Durbin, Richard [IL] - 2/15/2007
Sen Enzi, Michael B. [WY] - 2/12/2007
Sen Feingold, Russell D. [WI] - 2/12/2007
Sen Graham, Lindsey [SC] - 2/12/2007
Sen Harkin, Tom [IA] - 2/15/2007
Sen Hatch, Orrin G. [UT] - 2/12/2007
Sen Inouye, Daniel K. [HI] - 2/15/2007
Sen Johnson, Tim [SD] - 2/28/2007
Sen Whitehouse, Sheldon [RI] - 3/20/2007

Sen Kennedy, Edward M. [MA] - 2/12/2007
Sen Kerry, John F. [MA] - 3/8/2007
Sen Klobuchar, Amy [MN] - 2/15/2007
Sen Lautenberg, Frank R. [NJ] - 2/12/2007
Sen Levin, Carl [MI] - 2/28/2007
Sen Lieberman, Joseph I. [CT] - 3/20/2007
Sen Lincoln, Blanche L. [AR] - 4/19/2007
Sen Lugar, Richard G. [IN] - 2/27/2007
Sen McCaskill, Claire [MO] - 2/14/2007
Sen Murkowski, Lisa [AK] - 2/12/2007
Sen Nelson, Bill [FL] - 3/7/2007
Sen Nelson, E. Benjamin [NE] - 2/12/2007
Sen Pryor, Mark L. [AR] - 4/10/2007
Sen Roberts, Pat [KS] - 2/12/2007
Sen Salazar, Ken [CO] - 2/13/2007
Sen Schumer, Charles E. [NY] - 3/1/2007
Sen Smith, Gordon H. [OR] - 2/12/2007
Sen Snowe, Olympia J. [ME] - 2/12/2007
Sen Specter, Arlen [PA] - 4/10/2007
Sen Stabenow, Debbie [MI] - 2/12/2007
Sen Tester, Jon [MT] - 4/10/2007
Sen Warner, John [VA] - 2/12/2007



REQUEST SUPPORT FOR:

The Federal Response to Eliminating Eating Disorders Act

(To be introduced.) This comprehensive bill on eating disorders addresses research, treatment, education and prevention. The original sponsor will be Rep. Patrick Kennedy.

Research Initiatives

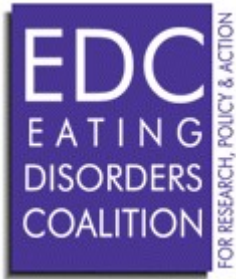
- **Know the numbers through a national data base and other initiatives.** Determine the prevalence, incidence, and correlates of all eating disorders (anorexia nervosa, bulimia nervosa, binge eating disorder and eating disorder not otherwise specified).
- **Know the death rates.** Determine the morbidity and mortality rates associated with all eating disorders and provide a public report of this data annually.
- **Know the costs or “economic burden” of eating disorders.** Undertake the necessary investigations to conduct an economic analysis of the costs of eating disorders in the United States, including years of productive life lost, missed days of work, reduced work productivity, costs of medical/psychiatric treatment, prescriptions medications, hospitalizations, costs of medical and psychiatric comorbidities, (cost to family, cost to society) etc.
- **Establish Centers of Excellence.** Develop an integrated system of Centers of Excellence for eating disorders, which will provide training opportunities for research, fund research programs, and coordinate the development of a research infrastructure nationwide.

Education & Prevention Initiatives

- **Study mandatory BMI reporting in school.** Determine the outcome of measuring BMI in schools and reporting the results to parents (including measuring eating disorders symptoms, and incidence of teasing or bullying based on body size).
- **Education and Training for all Health Professionals.** Train health professionals, to identify, prevent, appropriately treat and address the complications of eating disorders (using a team approach).
- **Education and Training for School/Higher Education Professionals.** Train education professionals in evidence-based education programs about eating disorders, education professionals include teachers, professors, school nurses, school aides, community liaisons, cooks, dieticians, social workers, counselors, coaches, athletic departments, and other.
- **Educating the public through Public Service Announcements (PSAs).** Use PSAs to educate the public on types and the seriousness of (prevalence, comorbidities, health consequences –both physical and mental) eating disorders, how to obtain help, discrimination and bullying based on mental illness, body size, and the effects of media on self esteem and body image.
- **Bring eating disorders into already existing obesity initiatives.** Federally funded campaigns to fight obesity should also address eating disorders. Federal studies should include eating disorder related questions (e.g. NHANES).

Access to Adequate and Appropriate Treatment

- **Access to care and defining universally accepted criteria for care.** Support establishing consistent and comprehensive universally accepted criteria for medical necessity for eating disorders. Standardize terminology and definitions for eating disorders to be utilized among treatment centers, insurance companies, treatment teams, and consumers.
- **Guidelines.** Any insurer that provides mental health coverage must provide coverage for eating disorders and follow standards of care as written in the Practice Guidelines for the Treatment of Patients with Eating Disorders by the American Psychiatric Association.



Join the Congressional Mental Health Caucus

Rep. Grace F. Napolitano (CA)
Co-Chair
Rep. Tim Murphy (PA)
Co-Chair

Rep. Abercrombie, Neil (HI)
Rep. Baird, Brian (WA)
Rep. Berkley, Shelley (NV)
Rep. Berman, Howard (CA)
Del. Bordallo, Madeleine (GU)
Rep. Boswell, Leonard (IA)
Rep. Brady, Robert (PA)
Rep. Burgess, Michael (TX)*
Rep. Capito, Shelley Moore (WV)*
Rep. Capps, Lois (CA)
Rep. Capuano, Michael (MA)
Rep. Carnahan, Russ (MO)
Rep. Chandler, Ben (KY)
Rep. Cooper, Jim (TN)
Rep. Costello, Jerry (IL)
Rep. Davis, Danny (IL)
Rep. Davis, Susan (CA)
Rep. DeFazio, Peter (OR)
Rep. Doggett, Lloyd (TX)
Rep. Eshoo, Anna (CA)
Rep. Gordon, Bart (TN)
Rep. Grijalva, Raul (AZ)
Rep. Gutierrez, Luis (IL)
Rep. Herseth, Stephanie (SD)
Rep. Hinchey, Maurice (NY)
Rep. Hinojosa, Ruben (TX)
Rep. Holden, Tim (PA)
Rep. Holt, Rush (NJ)
Rep. Honda, Michael (CA)
Rep. Israel, Steve (NM)
Rep. Issa, Darrell (CA)*
Rep. Jefferson, William (LA)
Rep. Johnson, Eddie Bernice (TX)
Rep. Kagen, Steve (WI)

Rep. Kaptur, Marcy (OH)
Rep. Kennedy, Patrick (RI)
Rep. Kildee, Dale (MI)
Rep. Kind, Ron (WI)
Rep. Lantos, Tom (CA)
Rep. Larsen, Rick (WA)
Rep. Lee, Barbara (CA)
Rep. Maloney, Carolyn (NY)
Rep. McCarthy, Carolyn (NY)
Rep. McCaul, Michael (TX)*
Rep. McCollum, Betty (MN)
Rep. McNulty, Michael (NY)
Rep. Michaud, Michael (ME)
Rep. Mitchell, Harry (AZ)
Rep. Murphy, Christopher (CT)
Rep. Murphy, Tim (PA)*
Rep. Myrick, Sue (NC)*
Rep. Nadler, Jerrold (NY)
Rep. Napolitano, Grace (CA)
Rep. Neal, Richard (MA)
Rep. Olver, John (MA)
Rep. Porter, John (NV)*
Rep. Price, David (NC)
Rep. Ramstad, Jim (MN)*
Rep. Sanchez, Linda (CA)
Rep. Sanchez, Loretta (CA)
Rep. Stark, Peter (CA)
Rep. Sullivan, John (OK)*
Rep. Taylor, Gene (MS)
Rep. Van Hollen, Chris (MD)
Rep. Walsh, James (NY)*
Rep. Watson, Diane (CA)
Rep. Waxman, Henry (CA)
Rep. Woolsey, Lynn (CA)

* - Republican

** - Independent

www.napolitano.house.gov/mhcaucus/members.html

United States Senate

WASHINGTON, DC 20510

January 22, 2007

Dear Colleague:

We write to invite you to join the Senate Caucus on Mental Health Reform. According to the National Institute of Mental Health (NIMH), approximately one in four Americans suffer from a diagnosable mental illness in any given year. Mental illness can affect people of any age, race, or background, and left untreated, mental illnesses can have devastating effects on families, employment, relationships, and quality of life. While we are continually learning more about the adverse affects that mental illness can have on physical well-being, more research is needed.

Established in April of 2006, the goal of the Senate Caucus on Mental Health Reform is to increase awareness in the Senate of mental health issues. Last September, the Caucus sponsored a panel with keynote speaker Dr. David Satcher, former Surgeon General and past Director of the Center for Disease Control and Prevention (CDC), on the topic of mental health as a public health crisis. In the upcoming months, the Caucus will continue to organize briefings such as this to focus attention on national issues relating to mental health.

Whether the issue is an Iraq war veteran battling post-traumatic stress disorder, teenagers suffering from depression or a person struggling with substance abuse, mental health issues affect millions of our fellow citizens. We hope you will join the Caucus and work with us to highlight the wide range of current issues involving mental health in this country.

If you have questions about the Caucus or upcoming events, please contact Kelsey Phipps in Senator Kennedy's office at kelsey_phipps@help.senate.gov or 4-5085, or Chris Collins in Senator Domenici's office at chris_collins@domenici.senate.gov or 4-7087.

Sincerely,




Edward M. Kennedy
United States Senator



Tom Harkin
United States Senator



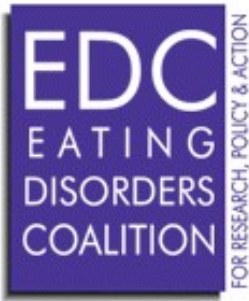
Pete V. Domenici
United States Senator



Gordon H. Smith
United States Senator



Jack Reed
United States Senator



Specific Requests

U.S. House of Representatives

REQUEST SUPPORT FOR:

The Federal Response to Eliminating Eating Disorders Act (To be introduced.)

We urge you to cosponsor this legislation later this month. The bill will offer federal action for the research, treatment, and prevention of eating disorders.

The Paul Wellstone Mental Health and Addiction Equity Act of 2006 (H.R. 1424)

We urge you to co-sponsor this bill.

Join the Congressional Mental Health Caucus

U.S. Senate

The Federal Response to Eliminating Eating Disorders Act (To be introduced.)

We urge you to cosponsor this legislation later this year. The bill will offer federal action for the research, treatment, and prevention of eating disorders.

The Mental Health Parity Act of 2007

We urge you to adopt the language of the House version of parity in H.R. 1424 in order to

- Eliminate discrimination based on diagnosis so that eating disorders will be covered
- Eliminate the provision to pre-empt state laws so that already strong state laws stay in place.

Join the Senate Caucus on Mental Health Reform

Jeanine Cogan, Ph.D., Policy Director
jcogan@eatingdisorderscoalition.org