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January 26, 2019

**Submitted Electronically to
Members of the House and Senate of the State of Massachusetts**

Dear Legislator:

On behalf of many of your constituents who are struggling with an eating disorder, and of the health care professionals in Massachusetts who are working to care for them, we are asking that you co-sponsor two bills that will help make Massachusetts a safe place for young people to grow up with healthy relationships with food and their bodies:

An Act protecting children from harmful diet pills and muscle-building supplements (House Docket 2883)

- Dietary supplements marketed for weight loss and muscle building have been found to contain hidden drug ingredients in unknown doses, which can be dangerous. The U.S. Food and Drug Administration has found steroids, failed diet drugs (fenfluramine and sibutramine), and more in these products.
- The use of weight-loss or body-building supplements is considered an “unhealthy weight control behavior,” and the American Academy of Pediatrics advises against their use by teens.
- This Act would restrict the sale of supplements sold for weight loss and muscle building to adults ages 18 and over. For compliance, stores would be required to keep these products behind a counter or in a locked case.
- This bill would not restrict adult use of these products; adults 18 years and older would be free to purchase these products by asking pharmacy staff or a store supervisor for help.

An Act making discrimination on the basis of height and weight unlawful (Senate Docket 1581, House Docket 1683)

- Discrimination on the basis of height and weight is legal in most of the United States, including Massachusetts.
- People with large bodies face widespread discrimination in housing, employment, educational, medical, and public settings, which contributes to poor health outcomes.
- Weight discrimination contributes to the idealization of thinness, which is a key factor in the development of eating disorders.
- This act would make discrimination on the basis of height and weight illegal in housing, employment, or public accommodation, except for the purposes of complying with established safety standards.

Please sign on as a co-sponsor to both of these important bills in the LAWS system before Friday, February 1, at 5:00 pm.

The Academy for Eating Disorders, a global, multidisciplinary professional association leading the field in eating disorders, is comprised of physicians, psychiatrists,

psychologists, and academic researchers, as well as other health care professionals, who are striving to improve prevention and treatment of this deadly affliction. Overall, we offer the perspective of the eating disorders community at-large and hope you will take into consideration our comments.

Eating disorders are serious mental illnesses and among **the most fatal** psychiatric disorders in the United States: specifically, individuals with anorexia nervosa have an estimated six times greater mortality risk than the general population.¹ For bulimia nervosa and binge-eating disorder, mortality risk is double that of the general population.¹

While **30 million Americans will experience an eating disorder in their lifetime**,^{2,3} only 1 in 3 will receive care – and an alarming number will die because they did not receive a timely diagnosis and appropriate care. Additionally, the negative physical and psychosocial impacts of eating disorders and disordered eating behaviors, cut across age, gender, race/ethnicity, and socioeconomic subgroups.

Eating disorders, including the specific disorders of anorexia nervosa, bulimia nervosa, binge-eating disorder, avoidant/restrictive food intake disorder, and other specified feeding and eating disorders, are complex, biologically-based illnesses with a strong genetic component and psychosocial influences.⁴

Massachusetts is so often at the forefront of important medical and health care policy making. We urge you to continue the tradition by agreeing to sign on as a co-sponsor! Thank you for your thoughtful and careful approach to health care.

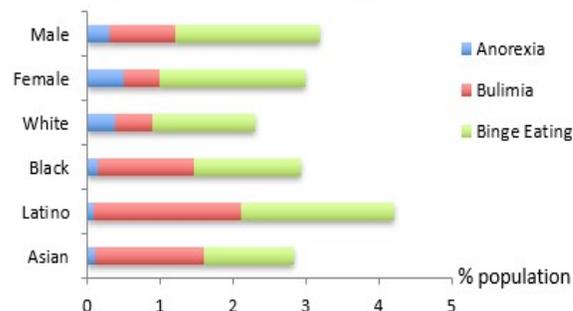
With gratitude for the important work that you do,



Kyle De Young, PhD, President, AED
S. Bryn Austin, ScD, President-Elect, AED
AED Advocacy and Communications Committee



Lifetime prevalence of eating disorders in the US



¹ Chesney, E., Goodwin, G. M., & Fazel, S. (2014). Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World Psychiatry, 13*(2):153-60.

² Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biol Psych, 61*(3):348–58.

³Le Grange, D., Swanson, S. A., Crow, S. J., & Merikangas, K. R. (2012). Eating disorder not otherwise specified presentation in the US population. *Int J Eat Disord, 45*(5):711-18.

⁴ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C: American Psychiatric Association.