

2011 SENATE HUMAN SERVICES

SB 2354

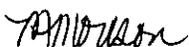
# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2354  
1-31-2011  
Job Number 13693

Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to an eating disorder training program.

## Minutes:

Attached testimony.

**Senator Judy Lee** opened the hearing on SB 2354.

**Senator John Warner**, sponsor, introduced SB 2354. Attachment #1

**Senator Judy Lee** introduced **Dr. Ken Fischer** and asked him to address the committee.

**Dr. Fischer**, physician who treats eating disorders, talked to the committee about eating disorders. He pointed out that the media has reinforced distorted ideas of what people should look like. This can be a problem for a sizable minority. The behaviors start becoming self reinforcing almost like an addiction. Eventually those with the problem keep it in secret and have significant distortions about how they look. Denial sets in and gets reinforced. He talked about the effects of the malnutrition. If not treated, this can be very dangerous. Early detection is key in successful treatment.

**Senator Spencer Berry** asked Dr. Fischer to elaborate to the committee the parameters that he uses when evaluating a person. When does he make the diagnosis of anorexia/bulimia?

**Dr. Fischer** addressed anorexia specifically. It's when the young person's weight falls below 85% of what would be expected. That often correlates with a body mass index. He went on to explain that the brain doesn't stop changing into abstract thinking until about 20. When the weight drops below the 85% mark the starving brain doesn't function like a normal brain. In addition to the denial the brain starts to get a lot of distorted thinking about things. That's very hard to overcome.

**Senator Tim Mathern** asked for an explanation of the function of reducing white blood cell amount.

**Dr. Fischer** said the body has internal regulations for lots of different things. There are built in survival mechanisms which are intimately connected to our weight, appetite, and

other things. At a certain point when the weight is below a certain bar, a physiologic response is triggered where the body wants to shut down preservation mode.

**Senator Judy Lee** asked Dr. Fischer if he was comfortable with the bill as it is with the initial training program and then having the study to determine where to go from there.

**Dr Fischer** replied that he was. He liked the dual approach.

**Senator Judy Lee** pointed out that there is a fiscal note.

**Troy Roness** (NEDA) presented supporting testimony. Attachment #2 includes a copy of the "Collegiate Survey Data Highlights".

**Senator Dick Dever** asked what his thoughts were on the ability of somebody to self correct this problem without intervention.

**Mr. Roness** answered that, without treatment, he wouldn't be here today. He pointed out that you can't put a number on the days of treatment or recovery. It is ultimately a choice of the person but in the depth of the eating disorder that person is not in charge of what he/she is doing.

**JoAnne Hoesel**, Dept. of Human Services, provided testimony regarding SB 2354. Attachment #3

Attachment #4 is written testimony sent in by **Stephen Wonderlich**, UND School of Medicine & Health Sciences.

**Gary Wolberg**, Bismarck, testified in support and urged the passage of SB 2354. He pointed out that many eating disorder patients also become addicted to drugs and alcohol.

Attachment #5 is written testimony from **Susan Rae Helgeland**, MHAND.

With no further testimony, the hearing on SB 2354 was closed.

**Senator Dick Dever** moved a **Do Pass and rerefer to Appropriations**.

Seconded by **Senator Gerald Uglem**.

Roll call vote 5-0-0. **Motion carried**.

Carrier is **Senator Gerald Uglem**.

# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2354  
2-1-2011  
Job Number 13824

Conference Committee

Committee Clerk Signature *Y. Morrison*

**Explanation or reason for introduction of bill/resolution:**

**Minutes:**

**Senator Judy Lee** called the committee to order. She explained that the entity named in SB 2354 as the one to handle the study is not the appropriate one to do it and there are better options. She suggested reconsidering their actions until they receive a recommendation about who would be more appropriate.

**Senator Gerald Uglem** moved to reconsider their actions on SB 2354.

Seconded by **Senator Dick Dever**.

Motion carried on a voice vote.

# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

SB 2354  
2-7-2011  
14111

Conference Committee

Committee Clerk Signature

*A. Jensen*

**Explanation or reason for introduction of bill/resolution:**

**Minutes:**

**Senator Judy Lee** opened SB 2354 for committee work.

She explained that it had been reconsidered because they needed to replace the Mental Health Planning Council with the Neuropsychiatric Research Institute.

**Senator Spencer Berry** moved to **accept the amendment**.

Seconded by **Senator Gerald Uglem**.

Roll call vote 5-0-0. **Amendment adopted**.

**Senator Gerald Uglem** moved a **Do Pass as Amended and rerefer to Appropriations**.

Seconded by **Senator Spencer Berry**.

Roll call vote 5-0-0. **Motion carried**.

Carrier is **Senator Gerald Uglem**.

# FISCAL NOTE

Requested by Legislative Council  
02/11/2011

**REVISION**

Amendment to: SB 2354

**1A. State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$81,825		\$3,000	
Appropriations			\$81,825		\$3,000	

**1B. County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2009-2011 Biennium			2011-2013 Biennium			2013-2015 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

**2A. Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill requires the Department of Health to establish a training program to assist in the early recognition and intervention of eating disorders, provide training program access to a variety of professionals (including physicians, nurses, dentists, social workers, etc) and conduct a study.

**B. Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 requires the Department of Health to establish a training program to assist in the early recognition and intervention of eating disorders. This program must be consistent with standards and practices of one or more nationally recognized organizations dealing with mental health and eating disorders. Assumption is that since the training program currently does not exist, it would require research and development. The department is also required to provide training program access information in the department's regular communication with professionals who will benefit from this training. Identified groups include physicians, physician assistants, nurses, dentists, dental hygienists, psychiatrists, psychologists, social workers, and counselors and with schools that train these professionals. Costs associated with this include professional fees (contractor) for the development of the eating disorders training program and costs associated with contacting professional groups and schools to share how to access the training materials. Future funds will also be needed to update the materials (since they need to be consistent with current standards).

Section 2 - The neuropsychiatric research insitue shall study the issue of eating disorders in the state for a cost of \$74,325 and report it's findings to legislative council before August 1, 2012.

**3. State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

**A. Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

**B. Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

2011-2013

Professional Fees: \$7,500 - includes amount for a contractor to develop and design training program (\$50/hr x 100 hours) and for promoting the resource to professional groups and schools (\$50/hr x 50 hours).

Professional Fees: \$74,325 - The neuropsychiatric research institute shall study the issue of eating disorders in the state and report it's findings to the legislative management by August 1, 2012. Estimated costs for the consultant are \$63,975 for staff time and \$10,350 of operating costs for travel supplies and a computer.

2013-15

Professional Fees: \$3,000 - includes amount for a contractor to revise and update the training program based on current standards (\$50/hr x 20 hours) and for promoting the resource to professional groups and schools (\$50/hr x 40 hours).

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Funding for this project is not included in the Department's appropriation bill (HB 1004). The Department will need an appropriation to carry out this project.

<b>Name:</b>	Kathy J. Albin	<b>Agency:</b>	Health
<b>Phone Number:</b>	328.4542	<b>Date Prepared:</b>	02/10/2011

**FISCAL NOTE**  
 Requested by Legislative Council  
 02/10/2011

Amendment to: SB 2354

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$7,500		\$3,000	
Appropriations			\$7,500		\$3,000	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2009-2011 Biennium			2011-2013 Biennium			2013-2015 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill requires the Department of Health to establish a training program to assist in the early recognition and intervention of eating disorders and to provide training program access to a variety of professionals (including physicians, nurses, dentists, social workers, etc).

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 requires the Department of Health to establish a training program to assist in the early recognition and intervention of eating disorders. This program must be consistent with standards and practices of one or more nationally recognized organizations dealing with mental health and eating disorders. Assumption is that since the training program currently does not exist, it would require research and development. The department is also required to provide training program access information in the department's regular communication with professionals who will benefit from this training. Identified groups include physicians, physician assistants, nurses, dentists, dental hygienists, psychiatrists, psychologists, social workers, and counselors and with schools that train these professionals. Costs associated with this include professional fees (contractor) for the development of the eating disorders training program and costs associated with contacting professional groups and schools to share how to access the training materials. Future funds will also be needed to update the materials (since they need to be consistent with current standards).

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

2011-2013

Professional Fees: \$7,500 - includes amount for a contractor to develop and design training program (\$50/hr x 100 hours) and for promoting the resource to professional groups and schools (\$50/hr x 50 hours).

2013-15

Professional Fees: \$3,000 - includes amount for a contractor to revise and update the training program based on current standards (\$50/hr x 20 hours) and for promoting the resource to professional groups and schools (\$50/hr x 40 hours).

**C. Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Funding for this project is not included in the Department's appropriation bill (HB 1004).

<b>Name:</b>	Kathy J. Albin	<b>Agency:</b>	Health
<b>Phone Number:</b>	328.4542	<b>Date Prepared:</b>	02/10/2011

# FISCAL NOTE

Requested by Legislative Council  
01/26/2011

Bill/Resolution No.: SB 2354

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$7,500		\$3,000	
Appropriations			\$7,500		\$3,000	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2009-2011 Biennium			2011-2013 Biennium			2013-2015 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill requires the Department of Health to establish a training program to assist in the early recognition and intervention of eating disorders and to provide training program access to a variety of professionals (including physicians, nurses, dentists, social workers, etc).

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 1 requires the Department of Health to establish a training program to assist in the early recognition and intervention of eating disorders. This program must be consistent with standards and practices of one or more nationally recognized organizations dealing with mental health and eating disorders. Assumption is that since the training program currently does not exist, it would require research and development. The department is also required to provide training program access information in the department's regular communication with professionals who will benefit from this training. Identified groups include physicians, physician assistants, nurses, dentists, dental hygienists, psychiatrists, psychologists, social workers, and counselors and with schools that train these professionals. Costs associated with this include professional fees (contractor) for the development of the eating disorders training program and costs associated with contacting professional groups and schools to share how to access the training materials. Future funds will also be needed to update the materials (since they need to be consistent with current standards).

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

2011-2013

Professional Fees: \$7,500 - includes amount for a contractor to develop and design training program (\$50/hr x 100

hours) and for promoting the resource to professional groups and schools (\$50/hr x 50 hours).

2013-15

Professional Fees: \$3,000 - includes amount for a contractor to revise and update the training program based on current standards (\$50/hr x 20 hours) and for promoting the resource to professional groups and schools (\$50/hr x 40 hours).

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Funding for this project is not included in the Department's appropriation bill (HB 1004).

<b>Name:</b>	Kathy J. Albin	<b>Agency:</b>	Health
<b>Phone Number:</b>	328.4542	<b>Date Prepared:</b>	01/28/2011

Date: 1-31-2011

Roll Call Vote # \_\_\_\_\_

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2354

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment

Rerefer to Appropriations  Reconsider

if required

Motion Made By Sen. Dever Seconded By Sen. Uglem

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen.

If the vote is on an amendment, briefly indicate intent:

*Reconsidered*

PROPOSED AMENDMENTS TO SENATE BILL NO. 2354

Page 1, line 15, remove "**NORTH DAKOTA MENTAL HEALTH PLANNING COUNCIL**"

Page 1, line 17, replace "department of human services' North Dakota mental health planning council" with "neuropsychiatric research institute"

Page 2, line 6, remove "; and consideration of how the"

Page 2, remove line 7

Page 2, line 8, remove "entities may identify other issues related to the objectives of this study" and remove "North Dakota"

Page 2, line 9, replace "mental health planning council" with "neuropsychiatric research institute"

Re-number accordingly

Date: 2-7-2011

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2354

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number 11.0759.01001

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Sen. Berry Seconded By Sen. Uglem

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

February 7, 2011

*FB*  
2-7-11

PROPOSED AMENDMENTS TO SENATE BILL NO. 2354

Page 1, line 15, remove "**NORTH DAKOTA MENTAL HEALTH PLANNING COUNCIL**"

Page 1, line 17, replace "department of human services' North Dakota mental health planning council" with "neuropsychiatric research institute"

Page 2, line 3, after the semicolon insert "and"

Page 2, line 6, remove "; and consideration of how the"

Page 2, remove line 7

Page 2, line 8, remove "entities may identify other issues related to the objectives of this study"

Page 2, line 8, remove "North Dakota"

Page 2, line 9, replace "mental health planning council" with "neuropsychiatric research institute"

Renumber accordingly

Date: 2-7-2011

Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2354

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number 11.0759.01001 Title .02000

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Sen. Uglem Seconded By Sen. Berry

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Uglem

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2354: Human Services Committee (Sen. J. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2354 was placed on the Sixth order on the calendar.

Page 1, line 15, remove "**NORTH DAKOTA MENTAL HEALTH PLANNING COUNCIL**"

Page 1, line 17, replace "department of human services' North Dakota mental health planning council" with "neuropsychiatric research institute"

Page 2, line 3, after the semicolon insert "and"

Page 2, line 6, remove "; and consideration of how the"

Page 2, remove line 7

Page 2, line 8, remove "entities may identify other issues related to the objectives of this study"

Page 2, line 8, remove "North Dakota"

Page 2, line 9, replace "mental health planning council" with "neuropsychiatric research institute"

Renumber accordingly

2011 SENATE APPROPRIATIONS

SB 2354

# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee  
Harvest Room, State Capitol

SB 2354  
February 16, 2011  
Job # 14597

Conference Committee

Committee Clerk Signature *Rose Jarving*

## Explanation or reason for introduction of bill/resolution:

A bill relating to an eating disorder training program.

## Minutes:

See attached testimony # 1 - 4 .

**Chairman Holmberg** called the committee hearing to order on SB 2354.

Sheila M. Sandness, Legislative Council; Lori Laschkewitsch, OMB.

## Senator John Warner, State Senator, District 4

Bill Sponsor

He introduced the bill and said he would yield his time to **Troy Roness** who is a nationally recognized spokesman for eating disorders. There is a growing awareness that males, particularly male athletes, really face some challenges when it comes to eating disorders.

## Troy Roness, Inaugural U.S. male board representative for National Eating Disorders.

He stated that he stood before the committee as an advocate, a citizen of N.D., and most importantly a male survivor of an exercise/eating disorder. Testimony attached # 1

**Chairman Holmberg** thanked **Troy Roness**. The bill is here but the fiscal impact is in the Department of Health budget which is over in the House. There is not an appropriation in this bill. There is a fiscal impact on a budget that we have not seen and will not see until March.

## Senator Gerald Uglem, State Senator, District 19

Testimony attached - # 2 – Stephen Wonderlich, Co-director, Eating Disorders Institute

Testimony attached - # 3 – Collegiate Survey Data Highlights

Testimony attached - # 4 – Neuropsychiatric Research Institute

The Human Services committee gave this bill a 5-0 Do Pass recommendation. Section 1 directs the Department of Health to establish a trading program to assist in early recognition and intervention of eating disorders and provide training program access information to professionals who will benefit from this training. Section 2 calls for a study by the Neuropsychiatric Research Institute of eating disorders in this state. The co-director of the Eating Disorder Institute at UND expressed willingness to add this study to their research projects. I've got the fiscal note including the study.

**Chairman Holmberg** closed the hearing on SB 2354.

**Chairman Holmberg** - If you think this is a good idea we could pass this bill, but we will have to make the decision when we have the Health Department budget whether or not we want to fund what this bill purports to do. Are there any questions on the bill?

**Senator Warner** – As introduced, Section 1 is unchanged. It had a fiscal note. It had a different routing mechanism. I had envisioned that this would be Department of Human Services and then forming a legislative interim committee on the state of progress on the treatment of anorexia and other eating disorders. The fiscal note for Section 2 has come with quite a surprise, both to the policy committee and to the sponsor. I'm asking you to seriously consider Section 1 and Section 2. I don't know if I could justify the expense.

Discussion was held on whether to amend the bill or should they pass the bill and reconsider it again in the Health Department budget later in the session.

**Senator Warner moved Do Pass on SB 2354.**

**Senator Robinson seconded.**

**A Roll Call vote: 11-0-2. Motion passed.**

**Senator Uglem will carry the bill.**

Date: 2-16-11  
 Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2354

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Warner Seconded By Robinson

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Warner	✓	
Senator Bowman	✓		Senator O'Connell	✓	
Senator Grindberg	A		Senator Robinson	✓	
Senator Christmann	A				
Senator Wardner	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Krebsbach	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 11 No 0

Absent 2

Floor Assignment Ugler back to Human Services

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2354: Appropriations Committee (Sen. Holmberg, Chairman) recommends DO PASS**  
(11 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). SB 2354 was placed on the  
Eleventh order on the calendar.

2011 HOUSE HUMAN SERVICES

SB 2354

# 2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

SB 2354  
March 9, 2011  
Job # 15157

Conference Committee

Committee Clerk Signature

*Wicky*

## Explanation or reason for introduction of bill/resolution:

Relating to an eating disorder training program and provide a report to legislative management.

## Minutes:

See attached Testimonies #1 -5

**Chairman Weisz:** Opened the hearing on SB 2354.

**Sen. John Warner:** Introduced and testified in support of the bill. The fiscal note on the first section is \$7500 and it would instruct the Dept. of Health to establish training program in early recognition of intervention of eating disorders. It is my understanding such programs already exist, but \$7500 would be to print a brochure and make the internet connections to connect teachers and practitioners with the information. Section 2 has actually changed in the policy committee on the Senate side. It was a much more modest proposal as introduced. The policy committee heard the issue and decided it was worthy of a much deeper and broader study that was initially introduced as. This would instruct the nearest psychiatric research institute which I understand is in Fargo to conduct the survey of eating disorders across the entire spectrum as introduced as mostly eating disorders, anorexia and bulimia. The language is broad enough you could deal with obesity as well. The fiscal note on that is about \$74,325. When Section 2 was introduced it had no fiscal note at all and it was simply a request that the DHS not the Dept. of Health would report to an interim committee on the nature and extent of eating disorders in ND. I do however, support the new section 2. I think it is a timely and well considered approach to eating disorders in this state. I think this will be a major issue in the coming years. The Senate appropriations committee will be adding the funding for this in HB 1004 Health Dept. budget. It doesn't necessarily address the fiscal note within the context this.

**Chairman Weisz:** Any idea of the numbers of those in ND that are suffering from eating disorders?

**Sen. Warner:** I think Tony Roness will have that information.

**Troy Roness:** (See Testimony #2.)

**Handed in Testimony**

**Susan Hegeland:** (See Testimony #2)

**Stephen Wonderlich:** (See Testimony #3)

**No name on handout:** (See handout #4)

**NO OPPOSITION**

**NEUTRAL TESTIMONY**

**Deanna Askew:** Registered dietician in Division of Nutrition in Dept. of Health. (See Testimony # 5).

**Chairman Weisz:** Do you think it is within the Dept. of Health design the training program versus the medical school?

**Deanna:** That is a concern we have. We do feel it would be more appropriate if like a medical school would do it or maybe the psychiatric institute in Fargo.

**Chairman Weisz:** Closed the hearing on SB 2067.

# 2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

SB 2354  
March 21, 2011  
Job #15710

Conference Committee

Committee Clerk Signature

*Vicky Crabtree*

**Minutes:**

You may make reference to "attached testimony."

**Chairman Weisz:** SB 2354. This does have a fiscal note on it. This one establishes a training program. Do we have the Dept. of Health training the physicians. That is an interesting switch. What do you want to do with this committee?

**Rep. Porter:** I move a Do Not Pass on 2354.

**Rep. Paur:** Second.

**Rep. Holman:** If I look at section 2 it says, neuropsychiatric research institute will study the issue of eating disorders. Isn't that what, so (drops sentence)

**Chairman Weisz:** And who are they?

**Rep. Holman:** Just a bunch of doctors. So they are involved.

**VOTE:** 9 y 3 n 1 absent – Rep. Hofstad

**MOTION CARRIED**

**Bill Carrier:** Rep. Pietsch

Date: 3-21-11  
Roll Call Vote #       

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 2354

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken:  Do Pass  Do Not Pass  Amended  Adopt Amendment  
 Rerefer to Appropriations  Reconsider

Motion Made By Rep. Porter Seconded By Rep. Paur

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. CONKLIN		✓
VICE-CHAIR PIETSCH	✓		REP. HOLMAN		✓
REP. ANDERSON	✓		REP. KILICHOWSKI		✓
REP. DAMSCHEN	✓				
REP. DEVLIN	✓				
REP. HOFSTAD	✓				
REP. LOUSER	✓				
REP. PAUR	✓				
REP. PORTER	✓				
REP. SCHMIDT	✓				

Total (Yes) 9 No 3

Absent 1

Floor Assignment Rep. Pietsch

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2354, as engrossed: Human Services Committee (Rep. Weisz, Chairman)**  
recommends **DO NOT PASS** (9 YEAS, 3 NAYS, 1 ABSENT AND NOT VOTING).  
Engrossed SB 2354 was placed on the Fourteenth order on the calendar.

2011 TESTIMONY

SB 2354

#1

Testimony on Senate Bill 2354  
Senate Human Services Committee  
Senator John Warner  
1 Jan 2011

Madam Chairman, Members of the Committee,

SB 2354 comes to us as an initiative of a survivor of eating and exercise disorders. While we may tend to dismiss these disorders as simply an extreme form of our national obsession with eating and dieting, these forms of mental illness have the highest fatality rates of any form of mental illness and often leave a residue of physical damage to the bodies of survivors and a lifelong struggle with other forms of mental disorders.

The two sections of this bill approach the problem from different directions. Section 1 calls on the Department of Health to adopt a curriculum or training program to help professionals in the medical and educational fields inform themselves on recognizing the early warning signs of eating disorders so that interventions can take place before the physical damage is done. It is my understanding that such a program already exists in the form of a one hour training course available on the internet and that the burden that the Department of Health is being asked to assume would merely be to include the contact information in their normal course of communications with these professionals.

Section 2 of the bills directs the mental health planning council of the Department of Human Services to assemble information for transmittal to a designated interim committee. I understand that the Department has some concerns that this council, which is mainly made up of consumers of mental health services and their families, would not have the professional resources to conduct such a study.

I think that a distinction can be made that the burden the mental health planning council is being asked to assume is to be the **carrier** of such information; that the professional resources for the study are housed at the Eating Disorder Institute (EDI) which is a collaborative venture between Sanford Health System, the University of North Dakota School of Medicine, and the Neuropsychiatric Research Institute. EDI offers the only comprehensive eating disorder treatment between Minneapolis and Seattle.

Madam Chairman, Members of the Committee, there are others who will follow me who will have first hand stories about these dangerous forms of mental illness and I'm sure that you will find their testimony compelling.

Madam chair and members of the human services committee,

I'd first like to thank you for the opportunity to speak before you today, especially on a delayed-note. The opportunity means the world to me.

My name is Troy Roness. I am the Inaugural U.S. male board representative for the NEDA and also the inaugural U.S. male advisory board member and facilitator for the global eating disorders association, MentorConnect. Organizations I represent and titles aside, I stand before you as an advocate, a citizen of N.D., and most importantly a male survivor of an exercise/eating disorder.

I grew up in Crosby and have lived in N.D. all my life. I graduated high school in 2004 and attended college at MSU. At age 19, my exercise and eating habits began to take control of my life and I slowly began a long, downward-spiral into the depths of a life-threatening ED.

By the grace of God, I was fortunate to find help from a surprise appearance on the Dr. Phil Show. Now, my family/friends were aware something was wrong long before the show occurred, but no one, not even the medical professionals across the state recognized the signs of my grave illness. After family insistence and several medical complications, including: gastrointestinal disturbances, lethargy, jaundice, and heart palpitations; I reluctantly sought medical advice. I was seen by two PA's in Northwest North Dakota, one general practitioner and two internal specialists in Bismarck.

To outline how misinformed even "specialists" are in the area of ED's, particularly for males; my diagnosis was, "Your son is an excellent runner and simply needs a little fat in his diet." The blood work revealed that my RBC counts were low, as were my thyroid function, heart rate and blood pressure, at 38 beats per minute and 80/48 respectively; all key indicators of an ED. I was put on medication to increase my thyroid function, thus increasing my weight loss.

During my stay at RMH, I discovered a lot about myself, from emotional, spiritual and psychological aspects, to the physical damage incurred on my body that the illness makes irrelevant in normal thinking of the sufferer. At age 22, I suffered a heart attack, had osteopenia (a precursor to osteoporosis) and my liver/kidneys began the process of shutting down. I was hooked to a feeding tube to nourish a body unable to digest anything but liquid. Had I waited two weeks longer, I wouldn't be standing before you today. At 5'11, barely weighing 130lbs, I resembled a Holocaust victim.

Early diagnosis or detection of my ED would have prevented my now, difficult five-year battle. It's proven that early prevention efforts not only combat the psychological damage an eating disorder causes, but it ultimately saves lives. It breaks my heart, and gives me hope simultaneously when I travel for speaking engagements across the state and come to find that students/family members alike are being referred. For example, a middle-school in Bismarck referred four students after an engagement this year. In teaching experience in rural ND, out of 130 student; four had diagnosable ED's, while up to 15 suffered from disordered eating/exercise habits.

It angers me when I see coaches of sports like football, basketball, track, wrestling and gymnastics push our youth to believe that bigger is better, slimmer equals faster and developing their physical presence is the only way that leads to success. I'm not blaming parents, teachers, coaches, medical professionals or the media for ED's, for they are multi-faceted and are the product of many contributors.

Some of you today may not know or understand every diagnoses of an ED. Anorexia, bulimia, BED, pica, ednos, orth-orexia, dia-bulimia, drunk-orexia and big-orexia are all out there; although I'm sure the picture of a starved 15-year old girl is the accepted "symbol" of an ED. The truth is, Senators, you cannot look at someone and know they are suffering. In fact, I was in treatment with males and females from ages 12 to 63, army vets to

teachers, and students to athletes. Eating disorders do not discriminate. Part of the motivation to recover was seeing a 63 year-old man on a feeding-tube, like I was, 40 years later. That will not be me.

Although I believe things happen for a reason and know that I am a stronger individual because of my ED; I do have regrets. The biggest is the toll it has taken on my family. I have no idea what it's like for my mother, sitting here today, or friends/family, or colleagues to watch someone they love slowly die, left completely helpless. I have burned many bridges in my illness and still continue to mend what can be mended. I'm not "all-better" and still struggle 17 months after coming home. I'm here today to support Senate Bill 2354 because I know it will deter thousands of others from the road I've traveled, but more importantly, it has the potential to save lives.

I know hundreds of individuals in ND suffering from ED's, their families or friends that are actively seeking help, with nowhere to turn. Why? Our professionals are either unequipped or unsure of their professional judgment in the area of ED's. This bill will help curb the trend in our nation, state, cities, and even our own back yards for the first time in any generation. Just this year I received information from a friend in Minot, whose nine-year old daughter was hospitalized with severe anorexia weighing half of her suggested weight, being fed through tubes, whose insurance company refused her coverage because anorexia is considered a mental disorder and not a physical disease. If professionals had the proper tools to diagnose her early, the opportunity for denial would not have taken place. Research shows that ED's can be successfully overcome with adequate and appropriate treatment. Yet, such treatments are typically extensive and long-term when diagnosis comes at a later time.

Until ND addresses ED's through educational legislation, research, treatment and prevention, more N. Dakotan's of all ages, races, and genders will suffer and die unnecessarily. This bill promoting an educational

program available to professionals as a way to prevent ED's is a very important and very small step in recognizing ED's as an expanding epidemic in need of policy attention.

If we do not begin a statewide, well-researched, effective ED study/assessment to gauge where numbers really lie, and the price imposed on ND families, the costs to our state and to our health care system could be devastating. Senators, did you know that sufferer's of anorexia and bulimia have the highest mortality rate of any mental illness and often die in the prime of their lives? Even those who reach recovery suffer needlessly, living with impaired intellectual, academic, vocational, social, emotional and personal function. The lack of prevention programs and research is one of the greatest problems contributing to the ongoing increase in ED's and related conditions. We desperately need studies, such as the one outlined in this bill to build on knowledge in ND and begin to eradicate these life-destroying illnesses.

The handouts outline a study conducted in late 2010 on college campuses across the nation through the NEDA. I made sure ND schools participated. Although I am not sure which universities took part in this study, as it was anonymous, I do know that three schools did partake. The findings are clear. Even when psychiatrists and/or psychologists are on-staff, they are NOT equipped to handle exercise/ED's, or have any contacts to refer those asking for help.

Senators, the faces that I am about to show you are friends I have met at RMH and a friend I met outside of treatment. They aren't from ND, but they are humans, just as I am.

Tiffany Faith - young woman I met, took her own life at 25 because she "couldn't stand looking in the mirror every day."

Reed - a 22 year old young man I met during my second stay at RMH. He is first pictured immediately following his stay, happy/healthy. The second picture is where he was prior with his mother at his high school graduation.

Jeremy Gillitzer – a MN native, former male-model and friend who struggled with anorexia, bulimia, excessive-exercise. He died in June, 2010 after a 23-year battle. At the time of his death, he weighed just 66lbs.

David – is a close confidant and friend from RMH. David has been battling his ED for nearly nine years and is now being hospitalized in a NY state clinic his dad, a physician, operates. Even with a medical degree and access to every life-saving piece of equipment the medical community has to offer, David's father is watching his son slowly die. Because of his ED, David is now in heart failure and on a waiting-list that will ultimately, in his words, make him a statistic. I must say that just like David's father, the parents or family of an ED victim are in the exact same position. Just as in the case with cancer, if one member has it, the entire family feels the effects. Helplessly standing by, family members and friends know that they cannot fix their loved ones. Recovery is ultimately, up to them.

- Cost-effectiveness of passage

As sad as it makes me to refer to fiscal notes on a topic I feel deserves no attention, I know I must. Did you know that because of my blessed intervention and referral by Dr. Phil to RMH, I can say that medical costs from my stay were under \$10,000, when they could have been as high as \$105,000? I was in residential treatment at RMH for nearly six months; and treatment for an ED or exercise addiction can cost a family anywhere from 20-30 thousand dollars per month. Early intervention is key.

- How much is your son/daughter/family worth?

When a bill comes across your desk during session, what is the first thought that runs through your mind? Fiscal notes and dollar signs, right? Well, I have to reference the movie, "Erin Brockovich" when Erin asks what those executives on the opposite side of the desk how much their spine and uterus were worth. Today, Sen. Mathern, I must ask, "How much are your children worth?" Sen. Dever, "How much are your grandchildren worth?" or "Sen. Spencer, how much is your wife, child, or grandchild worth?" I know in my heart that none of you would be able to put a dollar sign to a family member. So I have to ask, "If a bill of little-to-no cost is offered to save

a life, perhaps a friend, spouse, aunt, uncle, child, or grandchild; how can you afford to say no to this life-saving measure?

Madam Chair and Members of this Committee, I am merely a young man, working, going to school; and simply, trying to figure life out. None of what I have said today, or this bill, is about me or my story. It is about making the educational tools available to professionals that can make a true difference in the lives of thousands. This is not a mandate, but a CHOICE for them. I'm not a fool to think that by myself I can change the world. I won't listen to anyone who says that's the case. But, I'm here today to merely pay my blessings forward. That blessing, Madam Chair and Members of the Committee, was a third chance at life.

This proposed bill is a small, first-step. But the smallest steps, though difficult, often make the largest difference. I encourage and ask you to give professionals the opportunity to present the CHOICE of life, recovery, and ultimately, a more fulfilling existence, free of any ED burden.

## Collegiate Survey Data Highlights

The recently completed Collegiate Survey includes colleges and universities from 39 states and 144 different schools. The survey was completed by predominantly staff implementing mental health services, providing eating disorders information and facilitating eating disorders outreach and prevention programming. 78.8% of respondents said they would be willing to participate in follow-up interviewing to help NEDA gather more information regarding details about their campus' programs and services. Continued research in this area will allow NEDA to better support and facilitate the development of eating disorders outreach, programs and steer students to help. In the coming months, NEDA will be able to create a database of available services and programs on campuses across the country for those looking for resources on their current or prospective campus, as well as for professionals that would like to network to learn from one another's current programs.

It should be noted that this is a self-selective sample of campuses who opted into this research survey and these figures cannot be used as representative of all college and university campuses.

### Survey data highlights:

In regards to providing eating disorder information and services, the survey found the following were most frequently cited as daily, year round services/resources available:

- 80% of respondents indicated pamphlets or information sheets available to anyone who visits health or counseling center.
- 75.5% indicated information is available through campus websites for student health.
- 65.8% indicated the availability of individual psychotherapy to address eating disorders and body image issues and 59.6% have on-staff Counselors/Psychologists/Psychiatrists with a specialty in eating disorders and body image issues.

### Screenings, education and prevention:

- 73.6 % of respondents indicated their school does not have eating disorders screening and referrals by their collegiate athletic department, but 70% ranked this as very or extremely important. Only 2.5% indicated their school has year-round prevention and education programs for athletes in high-risk sports such as gymnastics, wrestling, and swimming.
- Only 22.4% of respondents indicated their campus has year-round screening opportunities.
- 17% indicated availability of weekly student therapy groups for eating disorders.
- 65.6% reported holding NEDA awareness Week activities on campus.
- 46.9% reported having programs/workshops about eating disorders and body image issues at least once per semester, with 17.9% offering programs/workshops more frequently (once per month or weekly)

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When asked which departments or staff provide services available on their campus,

the vast majority cited Counseling/Mental Health Services and Health and Wellness Centers. Only 5% cited nutrition services.

**Importance of services and resources: The following were ranked as “very” or “extremely” important for college campuses:**

- On staff Counselor/Psychologist/Psychiatrist with a specialty in eating disorders and body image issues
- Individual psychotherapy to address eating disorders and body image issues
- On staff nutritionist with eating disorders specialty, but only 34.2% indicate they have an on-staff nutritionist with eating disorder specialization.
- Therapy groups for students with eating disorders. 60.8% of respondents indicate that their school does not have therapy groups or they are not aware of any.
- Coursework or special training opportunities to help those who are dietitians, fitness instructors, etc., to understand, identify, and refer people demonstrating the warning signs of disordered eating. 76.1% of respondents indicate that their school does not have such opportunities or they are not aware of any.
- Programs/workshops about eating disorders and body image issues.

**When asked which programs on campus the respondent felt have been very successful, 46% said education campaigns, 35% said counseling resources.** Only 15.3% knew of evaluations for programs/services and of those, the majority were evaluated by survey. This indicates a need for more systematic and comprehensive evaluation of eating disorder counseling services, resources, awareness outreach and prevention and early detection efforts.

**The greatest challenges institutions face in providing the best services for students with an eating disorder are related to lack of resources** (85% identified it as their greatest challenge), including limited funding, lack of staff/no ED specialist and lack of time.

	Don't Know (1)	0 (not offered) (2)	1 (once per year) (3)	2 (once per semester) (4)	3 (monthly) (5)	4 (weekly) (6)	5 (daily, year round) (7)
NEDAwareness Week events/activities		XXX					
Therapy groups for students with eating disorders		XXX					
Body image or "making peace with food" groups for students		XXX					
Programs/workshops about eating disorders and body image issues		X	XX				
On staff Counselor/Psychologist/Psychiat with a specialty in eating disorders and body image issues		X					XX
Individual psychotherapy to address eating disorders and body image issues		XX				X	
Articles in magazines, newsletters, or website for alumni	X	X		X			
Web sites on campus servers (e.g., for health and counseling center)							XXX
Pamphlets or information sheets available to anyone who visits health or counseling center							XXX
On staff nutritionist with eating disorders specialty		XX					X
Eating disorders Education Coordinator	X	XX					
Campus-wide opportunities for eating disorder screening evaluations		X			X		X
Residence life programs for first-year students		X	XX				
Residence life programs for training Resident Advisors and Community		XX		X			
Peer advisors to identify and refer disordered eating		XX		X		X	
Eating Disorders academic courses, for credit, offered in psychology public health, women's studies, etc.	X	XX					
Faculty-led research in which undergraduate and graduate students participate as collaborators or research assistants	X	X					X

Awareness programs sponsored and perhaps conducted by Greek Council, e. g., for sororities		X	X	X
Athletic Department screening and referral programs conducted by, sports medicine, sports psychologists, and/or athletic trainers	XX	X		
Prevention/education programs for athletes in high-risk endeavors such as gymnastics, wrestling, rowing, synchronized swimming, etc.	XX	X		
Coursework or special training opportunities to help those who are dietitians, fitness instructors, etc., to understand, identify, and refer people demonstrating the warning signs of disordered eating	X	XX		
Articles in the school newspaper about the nature, treatment, and/or prevention of eating disorders	X	X	X	
Special sections of, or collections in, a library on campus	XX			X
Please list other programs & services available on your campus and who coordinates them				

#3

**Testimony**  
**Senate Bill 2354 –Department of Human Services**  
**Senate Human Services**  
**Senator Lee, Chairman**  
**January 31, 2011**

Chairman Lee, members of the Senate Human Services Committee, I am JoAnne Hoesel, Director of the Division Mental Health and Substance Abuse for the Department of Human Services (DHS). I am here to provide testimony regarding Senate Bill 2354.

Section 2 identifies the DHS Mental Health Planning Council to study eating disorders in North Dakota. DHS is supportive of a study or survey on this important issue however; the Mental Health Planning Council is not positioned to perform this study.

The Mental Health Planning Council is a requirement for receiving the Mental Health Block Grant and the Council's main duty is to review, recommend, and provide input to DHS regarding the mental health system in North Dakota. This Committee must be comprised of at least 51% consumers and family members.

I respectfully suggest that Dr. Stephen Wonderlich, Ph.D. of UND Medical School and Neuropsychiatric Research Institute's (NRI) Eating Disorder Institute, an eating disorder expert, be considered for involvement with this study if the committee chooses to move this effort forward.

# 4

Dear Senator Warner,

I am writing to you regarding Senate Bill #2354, which addresses the issues of an eating disorder training program in North Dakota and a report to the legislative management regarding eating disorders. I have discussed this bill with Joanne Hoesel and Troy Roness. I believe this is an extremely important bill and opportunity for North Dakota to make a significant advance in one of our most lethal psychiatric disorders. Furthermore, as I will attempt to document below, we have a unique collection of clinical and scientific expertise in North Dakota that would allow us to conduct this study.

The eating disorders are some of the most dangerous and impairing psychiatric conditions faced by adolescents and young adults. Anorexia nervosa is typically considered the most lethal psychiatric disorder. Bulimia nervosa is well known for increasing the risk of a variety of other psychiatric problems (including substance abuse) and binge eating disorder is thought to be a significant factor in the obesity epidemic. Most estimates are that nearly ten percent of young adults and teenagers in the United States display clinically significant eating disorder behaviors.

These disorders are particularly problematic because of their medical consequences, but are also on a par with other major psychiatric problems in terms of impairment in work, family, and social functioning. Furthermore, as you know, families struggle mightily with trying to find the best avenues of care for their affected loved ones.

In North Dakota, we have developed the Eating Disorder Institute (EDI) which is a collaborative venture between Sanford Health System, the University of North Dakota School of Medicine, and the Neuropsychiatric Research Institute. EDI offers the only comprehensive eating disorder treatment between Minneapolis and Seattle. It includes both outpatient and hospital-based care and we ultimately hope to build residential housing, which is frequently

needed by our patients. We also have a very active research program which focuses on eating disorders and obesity. We have had numerous grants from the National Institutes of Health for eating disorder research protocols over the last 15 years. Presently, we have projects addressing diagnosis, treatment, medical complications, economic impact, and the quality of life among eating disorder patients. Many of our research projects interface nicely with the issues detailed in your bill which I believe are extremely important. We would gladly work with the appropriate officials to develop research protocols to examine the ideas in the bill. The fact that we have this research infrastructure available to us provides an excellent opportunity to accomplish the objectives outlined in the bill.

I would be happy to discuss a possible collaboration and involvement of our institute and the resources that would be needed to accomplish the objectives outlined in the bill. I will make this a priority and be available to you for any consultation needed. Please feel free to page me at 701-234-2222, pager 3212 or call my office at 701-365-4910. Over the weekend, please call 701-540-3005. I look forward to our potential work together on this very deserving project.

Sincerely,

Stephen Wonderlich, Ph.D.

Chester Fritz Distinguished Professor

Associate Chairman, Department of Clinical Neuroscience

University of North Dakota School of Medicine & Health Sciences

Director of Clinical Research

Neuropsychiatric Research Institute

Co-Director, Eating Disorders Institute

#5

**TESTIMONY**  
**January 31, 2011**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairman**

Chairman Lee and members of the Senate Human Services Committee, my name is Susan Rae Helgeland. I am Executive Director of Mental Health America of ND (MHAND). Our non-profit organization is 59 years old in ND and 102 years old nationally. Our Mission is to promote mental health through advocacy, education and access to quality care for all citizens etc.

North Dakota is in a position to implement early recognition and intervention strategies related to eating disorders. MHAND supports Senate Bill 2354 to establish a training program for medical professionals to help them identify eating disorder and mental health issues before they become so severe that long term intensive treatment is needed. In addition, passing this bill involves the ND Mental Health Planning Council in a detailed, comprehensive study of the eating disorder issue and report back to the legislative management before August 1, 2012.

The study is an opportunity to increase education and awareness of the resources that are available to treat eating disorders and establish a base line of information related to the resources and strategies that are needed to effectively address the issue of eating disorders and recovery. Thank you for the opportunity to testify today.

Troy Roness

SB 2354

2-16-11

1

Chairman Holmberg and members of the committee,

I am the Inaugural U.S. male board representative for the National Eating Disorders Association, Male Advisory Board Chair for the global ED association, MentorConnect and Chairman for the National Association of Males with Eating Disorders Organizations. I represent aside, I stand before you as an advocate, a citizen of N.D., and most importantly a male survivor of an exercise/eating disorder.

I have lived in ND all of my life. I graduated from Divide County high school in 2004 and attended college at Minot State University. At age 19, my exercise and eating habits took control of my life and I began my downward-spiral into the depths of a life-threatening eating disorder.

By the grace of God, I found help from an appearance on the Dr. Phil Show. My family/friends were aware something was wrong long before the show, but no one, not even medical professionals across ND recognized the signs of my grave illness. After several medical complications, including: gastrointestinal disturbances, lethargy, jaundice, and heart palpitations; I reluctantly sought medical advice. I was seen by two physician assistants, one general practitioner and two internal specialists in ND.

To outline how misinformed even "specialists" are in the area of eating disorders, particularly for males; my diagnosis was, "Your son's a runner and simply needs fat in his diet." The blood work revealed that my red blood cell counts were low, as was my thyroid function, heart rate and blood pressure, at 38 beats per minute and 80/48 respectively; all key indicators of an eating disorder. I was put on medication to increase my thyroid function, thus increasing my weight loss.

During my stay at Rogers Memorial Hospital, Oconomowoc, Wisconsin, I discovered there's more to this illness than just food/exercise/weight and realized the physical damage incurred on my body that is never in perspective. At age 22, I suffered a heart attack, had osteopenia and my liver/kidneys began shutting down. I was hooked to a feeding tube to nourish a body unable to digest properly. Had I waited two weeks longer, I wouldn't be standing before you today. At 5'11, barely weighing 130lbs, I resembled a Holocaust victim.

**Early diagnosis of my eating disorder could have prevented my now, difficult five-year battle. It's proven that early prevention efforts combat the psychological damage an eating disorder causes and ultimately saves lives. It breaks my heart, and also gives me hope when I travel to speak across the state to find that entire families are being referred. For example, a middle-school in Bismarck referred four students after a speech this year. In teaching experience in rural ND, out of 130 student; four had diagnosable eating disorders, while up to 15 suffered from disordered eating/exercise habits.**

**It angers me when people assume eating disorders are merely a choice. You choose to not eat, you choose to binge/purge, and you choose to exercise too much. Just stop, right? I see coaches in sports push our youth to believe that developing their physical presence is the only thing that leads to success. I'm not blaming any one thing for eating disorders, for they are multi-faceted and are the product of many contributors.**

**Some of you may think anorexia nervosa is the only eating disorder. Anorexia nervosa, bulimia nervosa, binge eating, orth-orexia, dia-bulimia, drunk-orexia and big-orexia are all diagnoses; although I'm sure the picture of a starved 15-year old girl comes to mind. I was in treatment with males and females, army vets, teachers, students, and athletes. Part of the motivation to recover was seeing a 63 year-old man on a feeding-tube, like I was, only 40 years later. That will not be me.**

**Senators, the faces that I am about to show you are friends I have met at RMH and a friend I met outside of treatment. They aren't from ND, but they are humans, just as I am.**

**Tiffany Faith – young woman I met, took her own life at 25 because she “couldn't stand looking in the mirror every day.”**

**Reed – a 22 year old young man I met during my second stay at RMH. He is first pictured immediately following his stay, happy/healthy. The second picture is where he was prior with his mother at his high school graduation.**

**Jeremy Gillitzer – a MN native, former male-model and friend who struggled with anorexia, bulimia, excessive-exercise. He died in June, 2010 after a 23-year battle. At the time of his death, he weighed just 66lbs.**

David – is a close confidant and friend from RMH. David has been battling his ED for nearly nine years and is now being hospitalized in a NY state clinic his dad, a physician, operates. Even with a medical degree and access to every life-saving piece of equipment the medical community has to offer, David's father is watching his son slowly die. Because of his ED, David is now in heart failure and on a waiting-list that will ultimately, in his words, make him a statistic. I must say that just like David's father, the parents or family of an ED victim are in the exact same position. Just as in the case with cancer, if one member has it, the entire family feels the effects. Helplessly standing by, family members and friends know that they cannot fix their loved ones. Recovery is ultimately, up to them.

Although I believe things happen for a reason and know that I am a stronger individual because of my eating disorder; I do have regrets. The biggest is the toll on my family. I have no idea what it's like for my mother watch her only son slowly die, completely helpless. I'm not "all-better" and still struggle 17 months after coming home. I'm here today to support Senate Bill 2354 because I know it will deter thousands of others from the road I've traveled and has the potential to save lives.

Hundreds of people in North Dakota are suffering from eating disorders and their families that are actively seeking help have nowhere to turn. Why? Our professionals are either unequipped or unsure of their professional judgment in the area of eating disorders. This bill will help curb the trend in our state and lead the nation in prevention efforts. I've recently received news from a friend in Minot, whose nine-year old daughter was hospitalized with anorexia nervosa, being nourished through tubes. If professionals had the proper tools to diagnose her early, the opportunity for denial would not have taken place. Research shows that eating disorders can be successfully overcome with adequate and appropriate treatment. Yet, such treatments are typically extensive and long-term when diagnosis comes too late.

Until North Dakota addresses eating disorders through legislation, research, and prevention, more North Dakotan's of all ages, races, and genders will suffer and die unnecessarily. This bill promoting an educational program available to professionals as a way to prevent eating disorders is a very important but small step in recognizing eating disorders as an expanding epidemic in need of policy attention.

**If we do not begin a statewide, effective eating disorder study, the price imposed on North Dakota families, and to our health care system will be devastating. Senators, did you know that sufferer's of anorexia nervosa have the highest mortality rate of any mental illness? Even those who reach recovery suffer needlessly, living with impaired academic, social, and emotional function. The lack of education and research is one of the greatest problems contributing to the increase in eating disorders. We desperately need studies, such as the one outlined in this bill to build on knowledge in North Dakota and begin to eradicate these life-destroying illnesses.**

**Because of my intervention and referral by Dr. Phil to Rogers Memorial Hospital, I can say that medically I am "better," but I will never emotionally or psychologically be the same. I was in treatment for nearly six months, missing out on birthdays, holidays, my education and life in general. If I had been diagnosed earlier and had been given the tools to save myself earlier than I had, I feel my life would be very different today. Who knows, maybe this eating disorder wouldn't need be a life-long battle. Senators, this is why early diagnosis and intervention is so pivotal.**

**Chairman Holmberg and committee, I'm merely a young man working, going to school, and simply trying to figure out life. None of what I have said is about me or my story. It's about making the tools available to professionals that can make a difference in the lives of thousands. Not a mandate, but a CHOICE. I'm not a fool to think that by myself I can change the world. But, I'm here today to merely pay my blessings forward. That blessing, Chairman and committee, was a third chance at life.**

**This proposed bill is a small, first-step. But the smallest steps, though difficult, often make the largest difference. I encourage and ask you to give professionals the opportunity to present the CHOICE of life, recovery, and ultimately, a more fulfilling existence, free of any ED burden.**

SB 2354 2  
2-16-11

Dear Senator Warner,

I am writing to you regarding Senate Bill #2354, which addresses the issues of an eating disorder training program in North Dakota and a report to the legislative management regarding eating disorders. I have discussed this bill with Joanne Hoesel and Troy Roness. I believe this is an extremely important bill and opportunity for North Dakota to make a significant advance in one of our most lethal psychiatric disorders. Furthermore, as I will attempt to document below, we have a unique collection of clinical and scientific expertise in North Dakota that would allow us to conduct this study.

The eating disorders are some of the most dangerous and impairing psychiatric conditions faced by adolescents and young adults. Anorexia nervosa is typically considered the most lethal psychiatric disorder. Bulimia nervosa is well known for increasing the risk of a variety of other psychiatric problems (including substance abuse) and binge eating disorder is thought to be a significant factor in the obesity epidemic. Most estimates are that nearly ten percent of young adults and teenagers in the United States display clinically significant eating disorder behaviors. These disorders are particularly problematic because of their medical consequences, but are also on a par with other major psychiatric problems in terms of impairment in work, family, and social functioning. Furthermore, as you know, families struggle mightily with trying to find the best avenues of care for their affected loved ones.

In North Dakota, we have developed the Eating Disorder Institute (EDI) which is a collaborative venture between Sanford Health System, the University of North Dakota School of Medicine, and the Neuropsychiatric Research Institute. EDI offers the only comprehensive eating disorder treatment between Minneapolis and Seattle. It includes both outpatient and hospital-based care and we ultimately hope to build residential housing, which is frequently needed by our patients. We also have a very active research program which focuses on eating disorders and obesity. We have had numerous grants from the National Institutes of Health for eating disorder research protocols over the last 15 years. Presently, we have projects addressing diagnosis, treatment, medical complications, economic impact, and the quality of life among eating disorder patients. Many of our research projects interface nicely with the issues detailed in your bill which I believe are extremely important. We would gladly work with the appropriate officials to develop research protocols to examine the ideas in the bill. The fact that we have this research infrastructure available to us provides an excellent opportunity to accomplish the objectives outlined in the bill.

I would be happy to discuss a possible collaboration and involvement of our institute and the resources that would be needed to accomplish the objectives outlined in the bill. I will make this a priority and be available to you for any consultation needed. Please feel free to page me at 701-234-2222, pager 3212 or call my office at 701-365-4910. Over the weekend, please call 701-540-3005. I look forward to our potential work together on this very deserving project.

Sincerely,

Stephen Wonderlich, Ph.D.  
Chester Fritz Distinguished Professor  
Associate Chairman, Department of Clinical Neuroscience  
University of North Dakota School of Medicine & Health Sciences  
Director of Clinical Research, Neuropsychiatric Research Institute  
Co-Director, Eating Disorders Institute

## Collegiate Survey Data Highlights

The recently completed Collegiate Survey includes colleges and universities from 39 states and 144 different schools. The survey was completed by predominantly staff implementing mental health services, providing eating disorders information and facilitating eating disorders outreach and prevention programming. 78.8% of respondents said they would be willing to participate in follow-up interviewing to help NEDA gather more information regarding details about their campus' programs and services. Continued research in this area will allow NEDA to better support and facilitate the development of eating disorders outreach, programs and steer students to help. In the coming months, NEDA will be able to create a database of available services and programs on campuses across the country for those looking for resources on their current or prospective campus, as well as for professionals that would like to network to learn from one another's current programs.

It should be noted that this is a self-selective sample of campuses who opted into this research survey and these figures cannot be used as representative of all college and university campuses.

### Survey data highlights:

In regards to providing eating disorder information and services, the survey found the following were most frequently cited as daily, year round services/resources available:

- 80% of respondents indicated pamphlets or information sheets available to anyone who visits health or counseling center.
- 75.5% indicated information is available through campus websites for student health.
- 65.8% indicated the availability of individual psychotherapy to address eating disorders and body image issues and 59.6% have on-staff Counselors/Psychologists/Psychiatrists with a specialty in eating disorders and body image issues.

### Screenings, education and prevention:

- 73.6 % of respondents indicated their school does not have eating disorders screening and referrals by their collegiate athletic department, but 70% ranked this as very or extremely important. Only 2.5% indicated their school has year-round prevention and education programs for athletes in high-risk sports such as gymnastics, wrestling, and swimming.
- Only 22.4% of respondents indicated their campus has year-round screening opportunities.
- 17% indicated availability of weekly student therapy groups for eating disorders.
- 65.6% reported holding NEDA awareness Week activities on campus.
- 46.9% reported having programs/workshops about eating disorders and body image issues at least once per semester, with 17.9% offering programs/workshops more frequently (once per month or weekly)

When asked which departments or staff provide services available on their campus,

the vast majority cited Counseling/Mental Health Services and Health and Wellness Centers. Only 5% cited nutrition services.

**Importance of services and resources: The following were ranked as “very” or “extremely” important for college campuses:**

- On staff Counselor/Psychologist/Psychiatrist with a specialty in eating disorders and body image issues
- Individual psychotherapy to address eating disorders and body image issues
- On staff nutritionist with eating disorders specialty, but only 34.2% indicate they have an on-staff nutritionist with eating disorder specialization.
- Therapy groups for students with eating disorders. 60.8% of respondents indicate that their school does not have therapy groups or they are not aware of any.
- Coursework or special training opportunities to help those who are dietitians, fitness instructors, etc., to understand, identify, and refer people demonstrating the warning signs of disordered eating. 76.1% of respondents indicate that their school does not have such opportunities or they are not aware of any.
- Programs/workshops about eating disorders and body image issues.

**When asked which programs on campus the respondent felt have been very successful, 46% said education campaigns, 35% said counseling resources.** Only 15.3% knew of evaluations for programs/services and of those, the majority were evaluated by survey. This indicates a need for more systematic and comprehensive evaluation of eating disorder counseling services, resources, awareness outreach and prevention and early detection efforts.

**The greatest challenges institutions face in providing the best services for students with an eating disorder are related to lack of resources (85% identified it as their greatest challenge), including limited funding, lack of staff/no ED specialist and lack of time.**

SB 2354  
2-16-11 4

2/1/2011 3:03 PM

Neuropsychiatric Research Institute  
EIN 45-0274828  
State of North Dakota Proposal  
ED Research

Neuropsychiatric Research Institute					Salary requested, by year			PROJECT
Name	Role	Institutional % effc		Base Salary	Fringe	Year 1		TOTAL
		Year 1	PM			Year 1	Fringe	
Mitchell, James E.	PI		0.0	\$0		0	0	0
Wonderlich, Stephen A	PI		0.0	\$0		0	0	0
Erickson, Ann	Statistical Tech	25.0%	3.0	\$41,200	34%	10,300	3,502	13,802
Simonich, Heather	Research Coordinator	10.0%	1.2	\$53,380	35%	5,338	1,868	7,206
Pollert, Garrett	Research Assistant	100.0%	12.0	\$31,827	35%	31,827	11,139	42,966
				Sal. Total		47,465	16,510	63,975
				Comp. Total		63,975		63,975
<b>CONSULTANT</b>						0		0
<b>SUPPLIES</b>						1,950		1,950
Office supplies						450		
Lap top computer for RA						1,500		
<b>EQUIPMENT</b>						0		0
<b>TRAVEL</b>						6,000		6,000
In state car travel						6,000		
<b>PATIENT CARE</b>						0		0
<b>OTHER EXPENSES</b>						2,400		2,400
Phone expense conf call/long distance						2,400		
<b>DIRECT COSTS</b>						74,325		74,325
<b>CONSORTIUM / CONTRACTUAL COSTS</b>				<b>DIRECT COSTS</b>		0		0
				<b>F&amp;A</b>		0		0
<b>TOTAL DIRECT COSTS</b>						74,325		74,325
F&A Base						74,325		
F&A 0.0%						0		0
<b>TOTAL COSTS</b>						74,325		74,325

#1 Subcontract	<b>CONSORTIUM / CONTRACTUAL COSTS</b>	<b>DIRECT COSTS</b>			0
		<b>F&amp;A</b>			0
		<b>Total</b>			0

#2 Subcontract	<b>CONSORTIUM / CONTRACTUAL COSTS</b>	<b>DIRECT COSTS</b>			0
		<b>F&amp;A</b>			0
		<b>Total</b>			0

#3 Subcontract	<b>CONSORTIUM / CONTRACTUAL COSTS</b>	<b>DIRECT COSTS</b>			0
		<b>F&amp;A</b>			0
		<b>Total</b>			0

#4 Subcontract	<b>CONSORTIUM / CONTRACTUAL COSTS</b>	<b>DIRECT COSTS</b>			0
		<b>F&amp;A</b>			0
		<b>Total</b>			0

Tony Rones  
#1

Chairman Weisz and members of the committee,

I am the Inaugural U.S. male board representative for the National Eating Disorders Association, Male Advisory Board Chair for the global ED association, MentorConnect and Chairman for the National Association of Males with Eating Disorders. Organizations I represent aside, I stand before you as an advocate, a citizen of N.D., and most importantly a male survivor of an exercise/eating disorder.

I have lived in ND all of my life. I graduated from Divide County high school in 2004 and attended college at Minot State University. At age 19, my exercise and eating habits took control of my life and I began my downward-spiral into the depths of a life-threatening eating disorder.

By the grace of God, I found help from an appearance on the Dr. Phil Show. My family/friends were aware something was wrong long before the show, but no one, not even medical professionals across ND recognized the signs of my grave illness. After several medical complications, including: gastrointestinal disturbances, lethargy, jaundice, and heart palpitations; I reluctantly sought medical advice. I was seen by two physician assistants, one general practitioner and two internal specialists in ND.

To outline how misinformed even "specialists" are in the area of eating disorders, particularly for males; my diagnosis was, "Your son is simply a runner and needs fat in his diet." The blood work revealed that my red blood cell counts were low, as was my thyroid function, heart rate and blood pressure, at 38 beats per minute and 80/48 respectively; all key indicators of an eating disorder. I was put on medication to increase my thyroid function, thus increasing my weight loss.

During my stay at Rogers Memorial Hospital, Oconomowoc, Wisconsin, I discovered there's more to this illness than just food/exercise/weight and realized the physical damage incurred on my body that is never in perspective. At age 22, I suffered a heart attack, had osteopenia and my liver/kidneys were in the process of shutting down. I was hooked to a nasogastric feeding tube to nourish a body unable to digest properly. Had I waited two weeks longer, I wouldn't be standing before you today. At 5'11, barely weighing 130lbs, I resembled a Holocaust victim.

Early diagnosis of my eating disorder could have prevented my now, difficult five-year battle. It's proven that early prevention efforts combat the psychological damage an eating disorder causes and ultimately saves lives. It breaks my heart, and also gives me hope when I travel to speak across the state to find that entire families are being referred. For example, a middle-school in Bismarck referred four students after a speech this year. In teaching experience in rural ND, out of 130 student; four had diagnosable eating disorders, while up to 15 suffered from disordered eating/exercise habits.

It angers me when people assume eating disorders are merely a choice. You choose to not eat, you choose to binge/purge, and you choose to exercise too much. Just stop, right? I can't emphasize enough at how important early intervention is. If doctor's had the skill-sets and education when I was seen; or if my dentist had perhaps noticed something, would I still be struggling nearly six years later? I'm not blaming any one thing for eating disorders, for they are multi-faceted and are the product of many contributors.

Some of you may think anorexia is the only eating disorder. Anorexia nervosa, bulimia nervosa, binge eating, orth-orexia, dia-bulimia, drunk-orexia and big-orexia are all diagnoses; although I'm sure the picture of a starved 15-year old girl comes to mind. I was in treatment with males

and females, army vets, teachers, students, and athletes. Part of the motivation to recover was seeing a 63 year-old man on a feeding-tube, like I was, only 40 years later. That will not be me.

Although I believe things happen for a reason and know that I am a stronger individual because of my eating disorder; I do have regrets. The biggest is the toll on my family. I have no idea what it's like for my mother watch her only son slowly die, completely helpless. I'm not "all-better" and still struggle 17 months after coming home. I'm here today to support Senate Bill 2354 because I know it will deter thousands of others from the road I've traveled and it has the potential to save lives.

(PICTURES)

Hundreds of people in North Dakota are suffering from eating disorders and their families that are actively seeking help have nowhere to turn. Why? Our professionals are either unequipped or unsure of their professional judgment in the area of eating disorders. This bill will help curb the trend in our state and lead the nation in prevention efforts. I've received news from a friend in Minot, whose nine-year old daughter was hospitalized with anorexia nervosa. Research shows that eating disorders can be successfully overcome with adequate and appropriate treatment. Yet, such treatments are typically extensive and long-term when diagnosis comes too late.

Until North Dakota addresses eating disorders through legislation, research, and prevention, more North Dakotans of all ages, races, and genders will suffer and die unnecessarily. This bill promoting an educational program available to professionals as a way to prevent eating disorders is a very important but small step in recognizing eating disorders as an expanding epidemic in need of policy attention.

If we do not begin a statewide, effective eating disorder study, the price imposed on North Dakota families, and to our health care system will be devastating. Representatives, did you know that sufferer's of anorexia nervosa have the highest mortality rate of any mental illness? Even those who reach recovery suffer needlessly, living with impaired academic, social, and emotional function. The lack of education and research is one of the greatest problems contributing to the increase in eating disorders. We desperately need studies, such as the one outlined in this bill to build on knowledge in North Dakota and begin to eradicate these life-destroying illnesses.

Because of my intervention and referral by Dr. Phil to Rogers Memorial Hospital, I can say that medically I am "better," but I will never emotionally or psychologically be the same. I was in treatment for 162 days, nearly six months, missing out on birthdays, holidays, my education and life in general. If I had been diagnosed earlier and had been given the skill-sets to help challenge the disease earlier than I had, I feel my life would be very different today. Who knows, maybe this eating disorder wouldn't need be a life-long battle. Representatives, this is why early diagnosis and intervention is so pivotal.

Chairman Weisz and committee, I'm simply a young man working, going to school, trying to figure out life. None of what I have said is about me or my story. It's about making the tools available to professionals that can make a difference in the lives of thousands. Not a mandate, but a CHOICE. I'm not a fool to think that by myself I can change your minds or the world; I'm here today to merely pay my blessings forward. That blessing, Chairman and committee, was a third chance at life.

This proposed bill is a small, first-step. But the smallest steps, though difficult, often make the largest difference. I encourage and ask you to give professionals the opportunity to present the CHOICE of life, recovery, and ultimately, a more fulfilling existence, free of any ED burden.

*Part of #1*

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### **Survey data highlights:**

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**When asked which programs on campus the respondent felt have been very successful, 46% said education campaigns, 35% said counseling resources.** Only 15.3% knew of evaluations for programs/services and of those, the majority were evaluated by survey. This indicates a need for more systematic and comprehensive evaluation of eating disorder counseling services, resources, awareness outreach and prevention and early detection efforts.

**The greatest challenges institutions face in providing the best services for students with an eating disorder are related to lack of resources** (85% identified it as their greatest challenge), including limited funding, lack of staff/no ED specialist and lack of time.

Worksheet 1: Sheet1

	Don't Know (1)	0 (not offered) (2)	1 (once per year) (3)	2 (once per semester) (4)	3 (monthly) (5)	4 (weekly) (6)	5 (daily, year round) (7)
NEDAwareness Week events/activities		XXX					
Therapy groups for students with eating disorders		XXX					
Body image or "making peace with food" groups for students		XXX					
Programs/workshops about eating disorders and body image issues		X	XX				
On staff Counselor/Psychologist/Psychiatrist with a specialty in eating disorders and body image issues		X					XX
Individual psychotherapy to address eating disorders and body image issues		XX				X	
Articles in magazines, newsletters, or website for alumni	X	X		X			
Web sites on campus servers (e.g., for health and counseling center)							XXX
Pamphlets or information sheets available to anyone who visits health or counseling center							XXX
On staff nutritionist with eating disorders specialty		XX					X
Eating disorders Education Coordinator	X	XX					
Campus-wide opportunities for eating disorder screening evaluations		X			X		X

Residence life programs for first-year students		X	XX		
Residence life programs for training Resident Advisors and Community		XX		X	
Peer advisors to identify and refer disordered eating		XX		X	X
Eating Disorders academic courses, for credit, offered in psychology public health, women's studies, etc.	X	XX			
Faculty-led research in which undergraduate and graduate students participate as collaborators or research assistants	X	X			X
Awareness programs sponsored and perhaps conducted by Greek Council, e.g., for sororities		X	X	X	
Athletic Department screening and referral programs conducted by, sports medicine, sports psychologists, and/or athletic trainers	XX	X			
Prevention/education programs for athletes in high-risk endeavors such as gymnastics, wrestling, rowing, synchronized swimming, etc.	XX	X			

Coursework or special training opportunities to help those who are dietitians, fitness instructors, etc., to understand, identify, and refer people demonstrating the warning signs of disordered eating

X

XX

Articles in the school newspaper about the nature, treatment, and/or prevention of eating disorders

X

X

X

Special sections of, or collections in, a library on campus

XX

X

Please list other programs & services available on your campus and who coordinates them

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#2

**TESTIMONY**  
**March 9, 2011**  
**House Human Services Committee**  
**Representative Weisz, Chairman**

Chairman Weisz and members of the House Human Services Committee, my name is Susan Rae Helgeland. I am Executive Director of Mental Health America of ND (MHAND). Our non-profit organization is 59 years old in ND and 102 years old nationally. Our Mission is to promote mental health through advocacy, education and access to quality care for all citizens etc.

North Dakota is in a position to implement early recognition and intervention strategies related to eating disorders. MHAND supports Senate Bill 2354 to establish a training program for medical professionals to help them identify eating disorder and mental health issues before they become so severe that long term intensive treatment is needed. In addition, passing this bill involves the ND Mental Health Planning Council in a detailed, comprehensive study of the eating disorder issue and report back to the legislative management before August 1, 2012.

The study is an opportunity to increase education and awareness of the resources that are available to treat eating disorders and establish a base line of information related to the resources and strategies that are needed to effectively address the issue of eating disorders and recovery. Thank you for the opportunity to testify today.



Dear Senator Warner,

I am writing to you regarding Senate Bill #2354, which addresses the issues of an eating disorder training program in North Dakota and a report to the legislative management regarding eating disorders. I have discussed this bill with Joanne Hoesel and Troy Roness. I believe this is an extremely important bill and opportunity for North Dakota to make a significant advance in one of our most lethal psychiatric disorders. Furthermore, as I will attempt to document below, we have a unique collection of clinical and scientific expertise in North Dakota that would allow us to conduct this study.

The eating disorders are some of the most dangerous and impairing psychiatric conditions faced by adolescents and young adults. Anorexia nervosa is typically considered the most lethal psychiatric disorder. Bulimia nervosa is well known for increasing the risk of a variety of other psychiatric problems (including substance abuse) and binge eating disorder is thought to be a significant factor in the obesity epidemic. Most estimates are that nearly ten percent of young adults and teenagers in the United States display clinically significant eating disorder behaviors. These disorders are particularly problematic because of their medical consequences, but are also on a par with other major psychiatric problems in terms of impairment in work, family, and social functioning. Furthermore, as you know, families struggle mightily with trying to find the best avenues of care for their affected loved ones.

In North Dakota, we have developed the Eating Disorder Institute (EDI) which is a collaborative venture between Sanford Health System, the University of North Dakota School of Medicine, and the Neuropsychiatric Research Institute. EDI offers the only comprehensive eating disorder treatment between Minneapolis and Seattle. It includes both outpatient and hospital-based care and we ultimately hope to build residential housing, which is frequently needed by our patients. We also have a very active research program which focuses on eating disorders and obesity. We have had numerous grants from the National Institutes of Health for eating disorder research protocols over the last 15 years. Presently, we have projects addressing diagnosis, treatment, medical complications, economic impact, and the quality of life among eating disorder patients. Many of our research projects interface nicely with the issues detailed in your bill which I believe are extremely important. We would gladly work with the appropriate officials to develop research protocols to examine the ideas in the bill. The fact that we have this research infrastructure available to us provides an excellent opportunity to accomplish the objectives outlined in the bill.

I would be happy to discuss a possible collaboration and involvement of our institute and the resources that would be needed to accomplish the objectives outlined in the bill. I will make this a priority and be available to you for any consultation needed. Please feel free to page me at 701-234-2222, pager 3212 or call my office at 701-365-4910. Over the weekend, please call 701-540-3005. I look forward to our potential work together on this very deserving project.

Sincerely,

Stephen Wonderlich, Ph.D.  
Chester Fritz Distinguished Professor  
Associate Chairman, Department of Clinical Neuroscience  
University of North Dakota School of Medicine & Health Sciences  
Director of Clinical Research, Neuropsychiatric Research Institute  
Co-Director, Eating Disorders Institute

## Early Intervention as Prevention: A Case for Educating Medical Providers



# STAR Program

Solutions Through Advocacy and Reform

NationalEatingDisorders.org

### Eating Disorder Prevalence:

- In the United States, a total of 24 million people suffer from anorexia nervosa, bulimia nervosa, and binge eating disorder (This estimated figure was created by utilizing current US Census numbers and statistics from the National Institute of Mental Health's (NIMH) guide, *Eating Disorders: Facts About Eating Disorders and the Search for Solutions*)
- The incidence of bulimia in 10-39 year old women TRIPLED between 1988 and 1993 (Hoek, H.W., & van Hoeken, D., 2003).
- Anorexia is the 3rd most common chronic illness among adolescents (South Carolina Department of Mental Health, 2006).
- 1 For females between fifteen to twenty-four years old who suffer from anorexia nervosa, the mortality rate associated with the illness is twelve times higher than the death rate of ALL other causes of death (Sullivan, 1995).

### Eating Disorder Treatment:

- 2 Only one-third of people with anorexia in the community receive mental health care (Hoek, H.W., & van Hoeken, D., 2003).
- 3 Only 6% of people with bulimia receive mental health care (Hoek, H.W., & van Hoeken, D., 2003).
- 4 Many eating disorder patients are treated by their primary care physician for their illness for some time prior to the referral for a more intensive intervention (Bravender, Robertson, Woods, Gordon & Forman, 1999).
- 5 Focus groups being conducted at treatment facilities continue to find that the overwhelming consistency is that the family doctor did not take it seriously or said things like, "Oh all girls that age are on diets".

### Impact of Current Treatment:

- 35% of "normal dieters" progress to pathological dieting. Of those, 20-25% progress to partial or full-syndrome eating disorders (Shisslak & Crago, 1995).
- Eating disorders are often not recognized until the individuals' physical health is compromised, and the illness is entrenched, at which point irreversible damage may already have been inflicted.
- Individuals with eating disorders suffer from a lowering of body temperature to 95 degrees or lower, heart rates in the 30's, dangerously low blood pressure, stomachs and intestinal problems, brittle bones which are prone to fractures, cognitive deterioration, and diminished brain size (Jahraus, 2003).
- Post-managed care eating disorder hospital admissions have been shown to be, on average, characterized by more severe physical symptoms, such as lower heart rates (Bravender, Robertson, Woods, Gordon & Forman, 1999).

### Support for Increased Education for Medical Providers:

- Studies have demonstrated a link between early intervention and treatment outcome (Bravender, Robertson, Woods, Gordon & Forman, 1999).

- With treatment of full syndrome eating disorders costing upwards of \$30,000 month, early recognition is cost-effective, as it may prevent the develop of full-syndrome disorders and chronic conditions (South Carolina Department of Mental Health, 2006).
- Early eating disorder symptom recognition, as well as awareness of early warning signs for the development of eating disorders, among medical providers can lead to early intervention, and hence possibly, prevention.

References:

Bravender, T., Robertson, L., Woods, E.R., Gordon, C.M. & Forman, S. (1999) Is there an increased clinical severity of patients with eating disorders under managed care? *Journal of Adolescent Health, 24*, 422-426.

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Hoek, H.W. (1995). The distribution of eating disorders. In K.D. Brownell & C.G. Fairburn (Eds.) *Eating Disorders and Obesity: A Comprehensive Handbook* (pp. 207-211). New York: Guilford.

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Shisslak, C.M., Crago, M., & Estes, L.S. (1995). The spectrum of eating disturbances. *International Journal of Eating Disorders, 18* (3), 209-219.

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**Testimony**  
**Senate Bill 2354**  
**House Human Services Committee**  
**Wednesday, March 9, 2011; 9:15 a.m.**  
**North Dakota Department of Health**

Good morning Chairman Weisz and members of the House Human Services Committee. My name is Deanna Askew, and I am a registered dietitian in the Division of Nutrition and Physical Activity of the North Dakota Department of Health. I am here to provide information regarding Senate Bill 2354, which would require the North Dakota Department of Health to establish a training program to assist in early recognition and intervention of eating disorders, and the Neuropsychiatric Research Institute to provide for a study and to report back to legislative management.

Eating disorders are a significant issue for individuals who suffer from them, and it's important that professionals are educated on the early recognition and intervention of eating disorders. Education and training for treating eating disorders requires a very clinical expertise that the Department of Health, given our population-based mission, does not have.

Furthermore, as currently written, Senate Bill 2354 does not include the appropriation needed to complete the work. The fiscal note prepared for Senate Bill 2354 shows a total of \$81,825. That includes \$7,500 for a contractor to develop and design the training program and to promote the resource to the groups designated in this bill, and \$74,325 for the Neuropsychiatric Research Institute to conduct the study. All of these costs will be one-time expenses except for an estimate of \$3,000 in 2013-2015 for updates and revisions to the training program. The Department of Health does not have the resources to absorb the fiscal impact of this bill.

This concludes my testimony. I am happy to answer any questions you may have.