Protecting Massachusetts' Future by Improving Health and Safety for Children

Eating disorders cases are skyrocketing because of the pandemic. Children's hospitals in Massachusetts and the country are seeing two-to-threefold increases in adolescents seeking treatment for an eating disorder and emergency room visitations due to the COVID-19.[1,2] Youth who use over-the-counter (OTC) diet pills are four to six times more likely to be diagnosed with an eating disorder within three years than nonusers.[3,4]

Eating disorders are among the deadliest of any mental health condition, and diet pills and muscle-building supplements are linked with eating disorders, as well as body dysmorphic disorder.[5] **These products often contain illegal substances such as steroids[6] and prescription pharmaceuticals[7] and are linked to serious health risks, including organ failure,[8] testicular cancer,[9] and even death.[10]**

Health inequities are worsening because of these products. For example, Latinx teens are 40% more likely to use OTC diet pills than white teens.[11] Since the COVID-19 pandemic started, African American adults are 3x more likely than white adults to start using weight-loss supplements.[12] An estimated 607,584 Massachusetts residents will have an eating disorder.[13]

Massachusetts H.4271/S.1525 An Act Protecting Children from Harmful Diet Pills and Muscle-Building Supplements addresses these problems by banning the sale of these harmful products to minors <18 years old and requiring warning signs alerting consumers to the health dangers at check-out (lead sponsors: Rep. Kay Khan and Sen. Michael Rush). This bill helps fill a federal regulatory gap[14] and is consistent with a strong recommendation by the American Academy of Pediatrics.[15,16]

Furthermore, an independent study estimated implementation of H.4271/S.1525 would incur a one-time cost of 850 state staff hours, valued at $44,529 (95% CI: $34,390-$54,037).[17] In order to account for the uncertainty around time requirements, this estimate used 10,000 Monte Carlo simulations to allow all time-related inputs to vary simultaneously and probabilistically.[*]

If needed, additional timesavers are available to staff in the Administration. For example, consulting with community stakeholders to help prepare a list of products impacted by the ban and choosing to issue guidelines rather than wholly new regulations would **save staff time and further reduce costs**.

In light of this legislation's potential for substantial protection of youth and downstream health and economic gains to the Commonwealth, **please favorably report out H.4271/S.1525 from the Joint Committee on Healthcare Financing and support swift passage on the House and Senate floors.**

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Strategic Training Initiative for the Prevention of Eating Disorders

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[*] Additional technical details are available; please contact tschampl@brandeis.edu.

Version: May 24, 2022

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