

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 pandemic.^{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 steroids⁶ and prescription pharmaceuticals⁷ 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.2215/S.1465 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 gap¹⁴ and is consistent with a strong recommendation by the American Academy of Pediatrics.^{15,16}

Furthermore, an independent study estimated implementation of H.2215/S.1465 would incur a one-time opportunity cost of 850 state staff hours, across three levels of staff, valued at \$47,536 (95% CI: \$36,831-\$57,381) with a benefits rate of 38%.¹⁷ Sensitivity analyses using only minimum or maximum salary levels for all staff resulted in total estimates of \$28,565 and \$66,507, respectively.

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.2215/S.1465 from the legislative committees and support its swift passage on the House and Senate floors.**



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