



April 2024

To: House Health & Human Services Committee
Re: SB24-117—Eating Disorder Treatment & Recovery Programs

Dear Committee Members,

The American Association of University Women (AAUW) is one of the oldest women's organizations in the country, empowering women since 1881. The mission of AAUW is to advance equity for women and girls through research, education and advocacy. More than 700 community leaders are members of AAUW branches around Colorado.

Recent reports have shown that girls and young women are experiencing record levels of behavioral health issues due to the effects of the COVID pandemic, social media pressures and other causes. Many are seeking help with eating disorders, and it is critically important for them to be treated properly. AAUW supports the creation of a single designation for eating disorder treatment facilities, along with regulations in several important areas: patient privacy around clothing and bathroom use; patient sexual identity, religion, and diet; and patient consent regarding restraints and involuntary feeding tubes.

For these reasons, AAUW of Colorado strongly supports SB 117 and requests your YES vote in committee and throughout the process of becoming a law.

Respectfully submitted,

A handwritten signature in blue ink that reads "Su Ryden". The signature is written in a cursive style and is enclosed in a light blue rectangular border.

Su Ryden
AAUW of Colorado Public Policy Co-Director

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American Association of University Women--AAUW is a top-rated 501(c)3 charitable organization whose mission is to advance gender equity for women and girls through research, education, and advocacy.

My name is Maree McRae. I have a 33 yr old transgender daughter who has been in the mental health system in Colorado for the past 13 years. She has a strong co-occurring disorder, disabled and has been heavily addicted to substance for many years. Last fall she was in a detox, and none of us knew she was struggling with a severe eating disorder. From the detox they sent her to a 30 day inpatient, but the inpatient called and said they had to discharge her because she was purging in her room. They stated they could not take anyone with an eating disorder. From there they basically “dumped her” into an ER in Denver, they also didn’t know what to do with an eating disorder and so they discharged her onto the streets.

She came home and lived with us, but dropped 65 lbs in 3 months. We frantically looked everywhere for treatment. She was taken into EDC but discharged within 48 hours because they said she was too acute, as she could barely eat manually. We could not get her into the ONLY ED critical care hospital, ACUTE, because they not only refused her government insurance, but said we also couldn’t private pay if she had govt insurance.

We then mortgaged our house and paid 56,000 which ERC required wired before admitting her. She was put on a feeding tube and labeled, critical. However, they changed everything after three weeks because they took her off her hormones and said her behavior wasn’t good. Well, after someone who is transgender has been on hormones a long time and they are completely taken off of them, isn’t surprising. I question the legality of removing her from her hormones. They called us after taking our money, and said they were taking her tube out and discharging her. I told them I can’t possibly take care of her with a tube. They labeled her weight as satisfactory so they could without liability toss her out. They stated she weighed 128. We weighed her when she got home and she weighed 111. They falsified the records. Mattie Billings also went to ERC. She was discharged for “jogging in her room and saying that she wasn’t.” Mattie died after being discharged. Her name is Stella. Stella then dropped another 15 lbs and we frantically looked for treatment that was inpatient. We were forced out of state and critically ill, my daughter got on a plane and headed to a hospital in Wisconsin, away from her family and support, just to be able to stay alive.

I am sending this testimony begging our State to require facilities to have inpatient options with proper oversight. I’ve attached some pictures of my daughter in Sept and then from two months ago. She remains on a life sustaining feeding tube.

This is Stella in September and then in January.





FREEDOM FROM SEXUAL VIOLENCE

Dear Madam Chair Daugherty and members of the Committee:

My name is Onnastasia Cole, and I am the Outreach and Policy Associate at the Colorado Coalition Against Sexual Assault (CCASA), a statewide membership organization representing over 125 programs and individuals working to prevent and address sexual violence. I am submitting written testimony on behalf of CCASA today **to ask you to vote “yes” on SB24-117, Eating Disorder Treatment & Recovery Programs.**

There is a direct connection between sexual trauma and eating disorders. Eating disorders are complex struggles and, although they directly impact behaviors around eating and perceptions of the body, they are most often not directly about food or the desire to appear thinner. Disordered eating is often developed as a coping mechanism to deal with trauma and abuse. The trauma and lack of control many experience from sexual violence can contribute to a sense of disconnection from their body or the urge to self-harm, and disordered eating helps them numb or avoid painful and uncomfortable feelings.

Both sexual violence and disordered eating are highly stigmatized and thrive in secrecy. They are also both seen as white, straight, cisgender women's issues, although they both affect BIPOC and LGBTQIA+ people at higher rates.¹ This makes it harder for men, people of color, and LGBTQIA+ people to get help. These are groups that are also more likely to experience other forms of trauma and violence. Understanding the connection between trauma and mental health conditions is vital to getting Coloradans the quality, appropriate care they need.

Today, Colorado's eating disorder treatment facilities are not regulated like other behavioral health facilities. This puts patients—many of whom are survivors of sexual violence—at risk of experiencing additional trauma that can make their healing journey even more difficult, whether by requiring them to remove all clothing during weigh-ins, forcing them to use the bathroom with a staff member present in the stall, or being restrained as a form of punishment.

¹ Nagata, J. M., Ganson, K. T., Austin, S. B. (2020). Emerging trends in eating disorders among sexual and gender minorities. *Current opinion in psychiatry*, 33(6), 562-567.

<https://doi.org/10.1097/YCO.0000000000000645>

Our systems, especially those that care for people with life-threatening conditions such as eating disorders, cannot continue to overlook and exacerbate the trauma that so many people carry around with them day after day. Studies find that about 1 in 3 patients dealing with eating disorders were victims of childhood sexual abuse.² In many cases, it takes years if not decades for survivors of childhood sexual abuse to come to terms with the trauma they have experienced. They may not recognize it as a root of disordered eating, and even if they do, they may not share it with their care team due to the shame and stigma associated with this type of abuse.

By requiring eating disorder treatment facilities to uphold certain standards and adopt a trauma-informed treatment framework, this bill helps ensure that patients seeking care are treated with dignity and respect and are not re-traumatized on their journey to recovery. For these reasons, CCASA supports SB24-117 and urges a “yes” vote from the committee.

Sincerely,

Onnastasia Cole, Outreach and Policy Associate
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² Behar, R., Arancibia, M., Sepúlveda, E., & Muga, A. (2016). [Child sexual abuse as a risk factor in eating disorders](#). *Eating disorders in the 21st century. Eating disorders: Prevalence, risk factors and treatment options*. New York: Nova Science Publishers, 149-172.