

ASSEMBLY JOINT RESOLUTION

No. 28

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblyman THOMAS P. GIBLIN

District 34 (Essex and Passaic)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblywoman BRITNEE N. TIMBERLAKE

District 34 (Essex and Passaic)

Co-Sponsored by:

Assemblywoman Pinkin and Assemblyman McKeon

SYNOPSIS

Permanently designates last week in February as “Eating Disorders Awareness Week” in New Jersey.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee with technical review.



(Sponsorship Updated As Of: 2/24/2020)

1 **A JOINT RESOLUTION** permanently designating the last week in
2 February as “Eating Disorders Awareness Week in New Jersey.”
3
4 **WHEREAS**, Eating disorders are serious mental illnesses that affect
5 people of every age, sex, gender, race, ethnicity, and socioeconomic
6 group; and
7 **WHEREAS**, Eating disorders involve serious disturbances in eating
8 behavior, such as extreme and unhealthy reduction of food intake,
9 severe overeating, or feelings of distress or extreme concern about
10 body shape or weight; and
11 **WHEREAS**, The four most common eating disorders are anorexia
12 nervosa, bulimia nervosa, binge eating disorder, and other specified
13 feeding or eating disorder; and
14 **WHEREAS**, Contrary to popular belief, eating disorders are not based
15 on food. There are several contributing factors that can lead to the
16 emergence of an eating disorder, although no defined cause can be
17 found; and
18 **WHEREAS**, Growing consensus suggests that a range of biological
19 (genetics), psychological (co-occurrence with depression, anxiety,
20 and other mental health disorders), interpersonal (history of abuse
21 or personal trauma), and social (constant influx of images of beauty
22 and the “perfect” body) factors can lead to an eating disorder; and
23 **WHEREAS**, Many eating disorders begin during adolescence, but
24 psychologists and doctors have diagnosed an increasing number of
25 younger children and older adults with these illnesses; and
26 **WHEREAS**, Once an eating disorder has developed, it becomes a self-
27 sustaining process that usually requires professional help and
28 support to recover; and
29 **WHEREAS**, Eating disorders affect approximately 25 million
30 Americans, 25 percent of whom are male; and
31 **WHEREAS**, Eating disorders are common, may be difficult to detect,
32 and in severe cases, can lead to death. Studies have shown that:
33 anorexia has the highest mortality rate among all psychological
34 disorders; 64 percent of those who suffer from bulimia are a near
35 normal weight; binge eating disorder is the most common eating
36 disorder in the United States; and two-thirds of individuals with
37 anorexia also showed signs of a co-occurring anxiety disorder; and
38 **WHEREAS**, The warning signs of eating disorders include, but are not
39 limited to, a preoccupation with weight loss, dieting, and food
40 control; severe fluctuations in weight; evidence of purging
41 behaviors or binge eating; non-specific complaints of constipation,
42 acid reflux, and abdominal pain; dental problems; muscle
43 weakness; lethargy; and impaired immune functioning; and
44 **WHEREAS**, Eating disorders affect every organ system in the body.
45 Purging by vomiting or laxative leads to electrolyte imbalances that
46 affect the cardiovascular system; binge eating and food restriction
47 cause disturbances in the gastrointestinal system; and fasting and
48 starvation deprive the brain of essential energy; and

1 **WHEREAS**, Complete recovery from an eating disorder is possible and
2 contingent upon early diagnosis and a treatment plan that involves a
3 combination of psychological and nutritional counseling and
4 medical and psychiatric monitoring; and

5 **WHEREAS**, Treatment must also address an eating disorder's
6 symptoms and medical consequences as well as the biological,
7 psychological, interpersonal, and social factors that contribute to
8 the disorder; and

9 **WHEREAS**, The National Eating Disorders Association (NEDA)
10 supports individuals and families affected by eating disorders, and
11 serves as a catalyst for prevention, treatment, cures, and access to
12 quality care; and

13 **WHEREAS**, Raising public awareness about eating disorders and the
14 work NEDA does in providing services to, and advocating for early
15 intervention and improved access to treatment for, individuals with
16 eating disorders could encourage those suffering from eating
17 disorders and their families to seek the support they need overcome
18 these life-threatening illnesses; now, therefore,

19

20 **BE IT RESOLVED** *by the Senate and General Assembly of the*
21 *State of New Jersey:*

22

23 1. The last week in February shall permanently be designated
24 as "Eating Disorders Awareness Week" in New Jersey in order to
25 raise public awareness about eating disorders and the work the
26 National Eating Disorders Association does in providing services
27 to, and advocating for early intervention and improved access to
28 treatment for, individuals with eating disorders and encourage those
29 suffering from eating disorders and their families to seek the
30 support they need to overcome these life-threatening illnesses.

31

32 2. The Governor is respectfully requested to annually issue a
33 proclamation recognizing the last week in February as "Eating
34 Disorders Awareness Week" in New Jersey, and calling upon public
35 officials and the citizens of this State to observe the week with
36 appropriate activities and programs.

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38 3. Copies of this resolution, as filed with the Secretary of State,
39 shall be transmitted by the Clerk of the General Assembly or the
40 Secretary of State to the National Eating Disorders Association.

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42 4. This joint resolution shall take effect immediately.