

Written Testimony in Senate Bill 2774
Sponsored by Senator Valverde

STRIPED

A PUBLIC HEALTH
INCUBATOR

Strategic Training Initiative for the Prevention of Eating Disorders

Submitted on behalf of the
The Strategic Training Initiative for the Prevention of Eating
Disorders

April 2026

Dear Honorable Lawmakers of the Rhode Island Legislature:

We the undersigned respectfully request your support of **Senate Bill 2774**, introduced by the Senator Valverde. If passed, **Senate Bill 2774** will protect children across Rhode Island by prohibiting the sale of harmful over-the-counter diet pills and dietary supplements for weight loss and muscle building to any person under 18 years of age.

While these dietary supplements deceptively claim to promote healthy weight loss or muscle building – some using celebrity endorsers – these products are not required to demonstrate rigorous testing for safety or efficacy before entering the market, are not medically recommended, and are inadequately regulated by the U.S. Food and Drug Administration (FDA). Alarming, there are no age restrictions on the sale of these products, leaving young people, who are particularly vulnerable to deceptive marketing claims, with no protection from purchasing these dangerous products.

Extensive research documents the dangers of these products:

- The **American Academy of Pediatrics** has strongly cautioned against teens using these products. ¹⁻²
- The **Food and Drug Administration** (FDA) does not screen supplements for safety or efficacy. ³
- Weight-loss and muscle-building supplements have been found to be **laced with pesticides, heavy metals, anabolic steroids, and pharmaceuticals that can cause strokes, cancer, and severe liver injury**, which sometimes require transplants or cause death. ⁴⁻⁷ Not only are these products not proven effective, they can be dangerous.
- A recent study documented a **50% increase in calls to poison control centers** over the past decade due to dietary supplements, many of which claimed to promote weight loss. ⁸
- **23,000 Americans** are sent to **emergency rooms** every year due to dietary supplements. **25% of those cases are due to weight-loss supplements.** ⁹
- A 2019 study in the *Journal of Adolescent Health* identified nearly **3 times increased risk for serious medical events** (such as hospitalization, emergency room visits, and death) for dietary supplements sold for weight loss muscle building as compared to vitamins. ¹⁰
- These products are widely used in the United States, with **one in five women and one in 10 men** reporting ever **using supplements sold for weight loss.** ¹¹ Use of **muscle-building supplements** in adolescents are also prevalent, with one study finding nearly **11% of adolescent boys and 6% of adolescent girls** reporting use of these products. ¹²
- **Latinx teens are 40% more likely to use OTC diet pills** than white teens. ¹³
- Adolescent and young adult women who use OTC pills have **6 times the risk of being**

diagnosed with an eating disorder within the next three years compared to non-users.¹⁴

- Young men who take creatine and other similar substances are **3 times more likely to start using anabolic steroids** in just a few years.¹⁵
- A study identified 9 different, **dangerous stimulants not approved by the FDA** but used in dietary supplements. These adulterated supplements have been linked to serious adverse health effects, including sudden death. **Experimental drug “cocktails”** have been repeatedly found in weight-loss supplements, endangering consumers of all ages, including children.¹⁶

We must take action now to protect the children of Rhode Island by **making it harder for children to be targeted by the empty promises of under-regulated weight-loss and muscle-building supplements**. These products pose a serious risk to children of all ethnicity groups, genders, and ages across the state. The **Food and Drug Administration** has *yet to approve any over-the-counter weight-loss and muscle-building products for children*.

Restricting access puts Rhode Island's public health approach in line with physician recommendations. **We, the undersigned, urge your support of Senate Bill 2774 to protect young people in Rhode Island from these dangerous products.**

On behalf of the organizations and individuals listed below,



S. Bryn Austin, ScD, Director of STRIPED

Organizations:



S. Bryn Austin, ScD, Director, Strategic Training Initiative for the Prevention of Eating Disorders



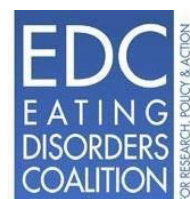
Monika Ostroff, LICSW, CEDS-S, Executive Director, Multi-Service Eating Disorders Association (MEDA)



Akiera Gilbert, Chief Executive Officer, Project Heal

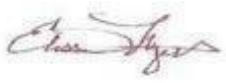


Chase Bannister, MDIV, MSW, LCSW, CEDS, President, Eating Disorders Coalition





Doreen Marshall, Executive Director,
National Eating Disorders Association



Elissa Myers, CAE, IOM, CEO & Executive Director,
Academy for Eating Disorders



Samuel E. Menaged, President & CEO, Renfrew Center for Eating Disorders



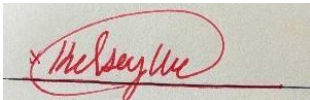
Johanna Kandel, Founder and Executive Director,
The Alliance for Eating Disorders Awareness



Denise Hamburger, Founder and Executive Director, Be Real USA



Ryan F. Ahmed, Chief Executive Officer
& Founder, Finxerunt Policy Institute,
International Socioeconomics Laboratory



Kelsey Wu, Founder and Executive Director,
For You



Kristen Portland, Executive Director,
National Association of Anorexia Nervosa and
Associated Disorders



Dani Gilady, Executive Director,
The Eating Disorder Foundation



Stacey Lorin Merkl, Founder & Executive Director,
Realize Your Beauty, Inc.



Stanley Huang, Founder,
Civiso



Alaska Eating Disorders Alliance

Beth Rose, Co-Founder & Board Chair,



Lucas Chu, Founder,
Erevna,
Policy for the People



Mahmoud Abdellatif
Founder & Chief Executive Officer
Ncarth



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Where the world comes for answers

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HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL



HARVARD
T.H. CHAN

SCHOOL OF PUBLIC HEALTH
Department of Social and
Behavioral Sciences

April 2026

Re: Rhode Island Senate Bill 2774, An act protecting children from harmful diet pills and muscle-building supplements

Dear Honorable Members of the Rhode Island Legislature:

I am Professor of Pediatrics at Harvard Medical School and Professor in Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health. I am also the Director of the Strategic Training Initiative for the Prevention of Eating Disorders based at the Harvard Chan School of Public Health. I would like to share research supporting **Senate Bill 2774**, An act protecting children from harmful over-the-counter diet pills and muscle-building supplements, sponsored by Sen. Valverde, and to strongly urge you to vote in favor of this important bill.

Dietary supplements sold for weight loss and muscle building are commonly used in the United States, with one in five women and one in 10 men reporting ever using weight loss supplements.¹ Use of muscle-building supplements is also common among adolescents, with one study finding nearly 11% of adolescent boys and 6% of adolescent girls reporting use of these products.² In 2019, American households spent over \$2.5 billion on weight-loss supplements, and the sector is estimated to increase to \$4 billion in annual revenue by 2027.³

These products can be found in most pharmacies, grocery stores, health food stores, and other retailers and online through Amazon, Walmart, and countless other online vendors. What many people do not know is that dietary supplements are not prescreened for safety or efficacy by the U.S. Food and Drug Administration (FDA) before they end up on store shelves. In 1994, Congress passed the Dietary Supplement Health and Education Act, which prohibits the FDA from prescreening dietary supplements before they enter the market. Instead, manufacturers are expected to adhere to the honor system and self-assess the safety of their own products.⁴

In the absence of FDA prescreening, many dietary supplements on the consumer market, especially those sold for weight loss and muscle building, have been found to be laced with prescription pharmaceuticals, banned substances, heavy metals, pesticides, and other dangerous chemicals.⁵⁻⁹ A study led by the FDA tested a small selection of the tens of thousands of dietary supplements on the market and found hundreds of those sold for weight loss to be adulterated with pharmaceutical drugs and banned chemicals, which often are associated with serious health consequences.⁹ Similarly, Dr. Pieter Cohen, faculty at Harvard Medical School and a global leader in toxicology research on weight-loss and muscle-building supplements, published in the scientific journal *Clinical Toxicology* yet another sobering study exposing the cocktail of illegal, experimental stimulants found in many widely available weight-loss and muscle-building supplements.⁶ These mixtures of excessive stimulants can produce in

consumers a range of noxious effects, from nausea, vomiting, and sweating to heart palpitations, cardiac arrest, and stroke.

Weight-loss and muscle-building dietary supplements have also been linked with liver and other organ damage, sometimes necessitating organ transplant or resulting in death.^{4,7} In fact, the rate of liver failure has risen 185% in the past decade,⁷ and 16% of serious drug-induced liver injury cases in the United States are attributed to dietary supplement use, the majority being those sold for weight loss.¹⁰ Rather than prescreen supplements for toxic ingredients before the products end up on store shelves, the FDA relies on reports of serious adverse incidents, such as injury or fatality, after consumer ingestion to find out that dietary supplements have caused harm to consumers.⁴ Since consumers do not always associate health problems with dietary supplements or reveal to their healthcare providers that they are using these products, the true number of adverse incidents due to dietary supplements sold for weight loss and muscle building is likely far higher than the number reported to the FDA.

A national study by the Centers for Disease Control and Prevention (CDC) estimated that dietary supplements result in over 23,000 emergency department visits every year, and weight-loss supplements in particular account for over a quarter of these visits.¹¹ Which age group is hit hardest by the dangers of these types of supplements? Young adults ages 20-34 years, and for young people ages 5-19 years, weight-loss supplements make up the largest single type sending them to the emergency department too. Another study, this one of reports to poison control centers nationwide, documented nearly 275,000 reports related to dietary supplement use from the period from 2000 to 2012; the study also found that reports of supplements to poison control centers increased 50% between the years of 2005 to 2012.¹²

A study in *Journal of Adolescent Health*, a leading international journal in adolescent medicine, conducted by my Harvard-based research team using the FDA's adverse event reporting system database for supplements, found that youth using weight-loss or muscle-building supplements were nearly three times more likely than those using ordinary vitamins to experience severe medical harm, including hospitalization, disability, and even death.¹³ In another study conducted by my Harvard-based research team, with data from over 10,000 adolescent and young adult women followed over a 15-year period, we found that those who used over-the-counter diet pills for weight control were nearly six times more likely than peers who did not use these products to be diagnosed with an eating disorder within one to three years of beginning use of these products.¹⁴ Eating disorders have among the highest death rate of any psychiatric disorder.¹⁵

Weight-loss supplements perpetuate and exacerbate gender and racial/ethnic health inequities among Americans. (See addendum included with this support letter for detailed description of health inequities linked with weight-loss supplements.) Girls and women are two times more likely to use weight-loss supplements in their lifetimes than are boys and men, and Black and Latine communities have a higher lifetime use of weight-loss supplements than white communities.¹⁶ Companies that sell weight-loss supplements have been employing manipulative and predatory tactics deliberately targeting Latine communities around the country for years,¹⁷⁻¹⁹ and these practices are putting the health of Latine youth in particular in jeopardy. In another study from our Harvard research team based on CDC national data from U.S. high schools, Latine girls and boys had nearly 40% higher risk of using over-the-counter diet pills in the past month than their white non-Latine peers. Furthermore, we found the disparities have been worsening over time among high school girls, with 1 in 10 Latina girls reporting over-the-counter diet pill use in the past 30 days in the most recent year assessed compared to 6% of white girls.²⁰

These statistics are disturbing and unacceptable, but they pale in comparison to the stories of young people cut down in the prime of life because of these toxic products. Stories like that of 17-year-old Christopher Herrera: Christopher was hospitalized in Texas with severe liver damage after using a supplement with concentrated green tea extract – a known liver toxin – purchased at a nutrition store to lose weight. Doctors recalled that when he arrived, his chest, face, and eyes were “almost highlighter yellow” and the damage was so severe that Christopher was put on the waiting list for a liver transplant. Although young Christopher survived this near-fatal poisoning by a weight-loss supplement, he can no longer spend much time outdoors or exert himself through sports or exercise.²¹

The following year, the Hawaii Department of Health, CDC, and FDA conducted a public health investigation when a number of otherwise healthy patients reported severe acute hepatitis and liver failure. The investigation identified 29 cases of hepatitis and found that 24 (83%) of these patients reported using OxyELITE Pro, a dietary supplement sold for weight loss and muscle building, during the previous two months.⁸ These are just two of the many examples of serious health consequences linked with weight-loss supplements.⁷⁻⁹

Not surprisingly, dietary supplements sold for weight loss and muscle building are not recommended by reputable physicians for healthy weight management. In fact, the American Academy of Pediatrics has issued two reports strongly cautioning against their use by teens.^{22,23} Despite these warnings, we have an industry rife with unscrupulous manufacturers that have repeatedly failed to meet their legal obligation to ensure the safety of their products before they are placed on the consumer market. Knowing what we know today about the repeated violations of trust on the part of these manufacturers, how can we continue to let them and the retailers who profit from their products play Russian roulette with the children of Rhode Island?

Recognizing the grave risk these predatory products pose to children, other states have taken action. In October 2023, New York Gov. Kathy Hochul signed into law a very similar bill, making New York the first state in the country to ban the sale of over-the-counter diet pills and muscle-building supplements to minors younger than 18 years old. It is clear that action must be taken to protect Rhode Island youth and other vulnerable consumers. State governments have the right and responsibility to act, and legal review has clearly established that there is no federal preemption in this case.⁴ **Senate Bill 2774** gives Rhode Island lawmakers the opportunity to take action to protect children and other vulnerable consumers in the state from these harmful products. This bill would ban sale of over-the-counter diet pills and supplements sold for weight loss or muscle building to minors younger than 18 years old in brick-and-mortar stores, by mail-order, or online.

We must act now to put limits on the sale of these dangerous products to protect the children of Rhode Island. **I urge you to vote in support of Senate Bill 2774.** Thank you for your time and leadership on this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Bryn Austin". The signature is fluid and cursive, with a large initial "S" and "B".

S. Bryn Austin, ScD

Professor, Harvard Medical School & Harvard T.H. Chan School of Public Health
Director, Strategic Training Initiative for the Prevention of Eating Disorders

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A Threat to Health Equity

Weight-loss supplements are dangerous.

With **limited FDA oversight**, some dietary supplements laced with banned pharmaceuticals, steroids, and other toxic ingredients [1-4]

Annual revenue of U.S. weight-loss supplement industry = **\$2.56 billion** [5]

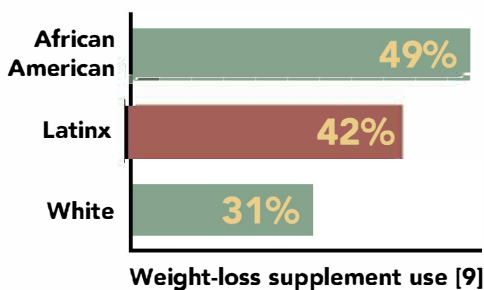
23,000 ER visits per year in U.S. due to supplements [6] – 25% of these sold for weight loss – which may result in organ failure, heart attack, stroke, and death [1-4]

According to the FDA adverse event reporting system, weight-loss supplements are **3x more likely to cause severe medical injury** than vitamins [7]

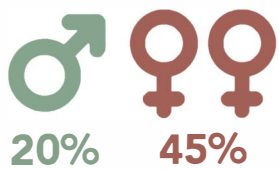
Youth who use over-the-counter (OTC) diet pills are **6x more likely to be diagnosed with an eating disorder** within 3 years than nonusers [8]

Weight-loss supplements worsen health inequities.

Among adults trying to lose weight, unacceptable inequities in lifetime use of **harmful** weight-loss supplements:

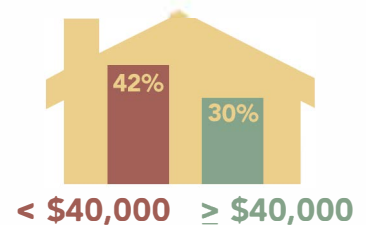


African American & Latinx adults at **higher risk** than white adults [9]

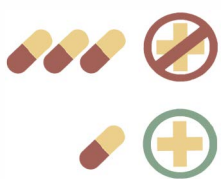
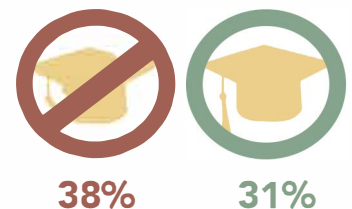


Women have **twice the risk** as men [9]

People in households with annual income **less than \$40,000** at higher risk than those with higher income [9]



People with high school education or less at **higher risk** than those with higher education [9]



Uninsured adults **3x more likely** to use harmful weight-loss supplements than insured adults [10]

Latinx teens **40% more likely** to use OTC diet pills than white teens [11]

Since the COVID-19 pandemic started, African-American adults **3x more likely** than white adults to start using weight-loss supplements [12]



Immigrants with low English proficiency at **higher risk** of not understanding FDA alerts/recalls on supplements compared to those with high English proficiency [10]

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A PUBLIC HEALTH INCUBATOR

Strategic Training Initiative for the Prevention of Eating Disorders
Designed by Marlena Skrabak

Find out more about the dangers of weight-loss supplements and threats to health equity at:
<https://www.hsph.harvard.edu/striped/out-of-kids-hands/>

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SOCIAL & ECONOMIC COST OF EATING DISORDERS IN RHODE ISLAND

Report by the Strategic Training Initiative for the Prevention of Eating Disorders, Academy for Eating Disorders, and Deloitte Access Economics

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Strategic Training Initiative for the Prevention of Eating Disorders

A PUBLIC HEALTH INCUBATOR

[LINK TO REPORT](#)

Academy for Eating Disorders
AED

PREVALENCE & MORTALITY



Nine percent of Rhode Islanders (93,073 people), will have an eating disorder in their lifetime

10,200 deaths per year nationally as a direct result of an eating disorder, equating to 1 death every 52 minutes



EATING DISORDERS AFFECT EVERYONE:



- All ages, starting as young as 5 years old to over 80 years old
- All races, however, people of color with eating disorders are **half as likely to be diagnosed or to receive treatment**¹
- All genders, with females being **2x more likely to have an eating disorder**
- All sexual orientations

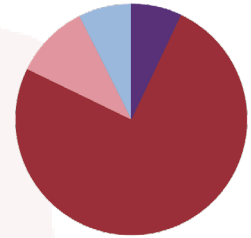
COST TO ECONOMY & SOCIETY IN RHODE ISLAND

\$209.1 Million } Yearly economic cost of eating disorders

Additional loss of wellbeing per year **\$1.1 Billion**

Cost Breakdown:

Productivity Losses (\$157.1M)
Informal Care (\$21.7M)
Efficiency Losses (\$15.5M)
Health System (\$14.9M)



COST TO HOSPITAL SYSTEMS:

174 ER visits
costing **\$94,690**



76 inpatient hospitalizations
costing **\$677,693**



LOSS PER GROUP:

\$75.9M Individuals & Families
Caregivers provide 6 weeks of informal, unpaid care per year



\$57.2M Government



\$52.7M Employers



\$22.9M Society



¹Sonneville KR, Lipson SK. Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students. International Journal of Eating Disorders 2018: 1-9. Note: State-level data are estimates based on U.S. Census Bureau population statistics (2018). [Link to data.](#)



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OUT OF KIDS' HANDS

HOW SENATE BILL 2774 COULD SAVE OUR STATE MILLIONS

In Rhode Island, eating disorders cost the state

\$209.1
MILLION

every year.¹



Youth are at risk...

Nearly 1 in 10 adolescents have used misleading & potentially harmful over-the-counter (OTC) diet pills in their lifetimes,² while 19% of young men & 7% of young women report using muscle-building supplements.³



These products are dangerous...

Due to weak federal oversight, these products have repeatedly been found to be laced with dangerous ingredients, including illegal steroids, pharmaceutical drugs, excessive stimulants & heavy metals,⁴ causing serious risks.⁵⁻¹¹ A rigorous review concluded "the use of natural supplements for weight loss are unlikely to contribute to meaningful weight loss and in some cases may contribute to harm"¹² - including liver & kidney failure.



The FDA's hands are tied...

By law, the FDA can act only after reports of serious risk or injury,¹¹ warning the public that they are "unable to test and identify all products marketed as dietary supplements" & that "consumers should exercise caution before purchasing any product,"¹³⁻¹⁴ but still no federal action has been taken!

Expert economists say implementation cost of legislation like SB 2774 likely to be minimal!¹⁵

- Health economists from The Heller School for Social Policy and Management from Brandeis University carried out a study, examining similar legislation from neighboring state of Massachusetts to estimate the cost of implementing a state-level ban on sales of OTC diet pills and muscle-building supplements to minors by gathering data through key informant interviews and public data on state websites.

This legislation is likely to amount to a minimal 1-time implementation cost of **virtually nothing!**



What they found...

The one-time implementation opportunity cost was estimated to be **only 0.0000823% of the FY25 Massachusetts state budget** - so *virtually nothing!*^{15,16}

Expert economists say legislation like SB 2774 could save state millions!¹⁷

- The same expert economists modeled cost-effectiveness of the age-restriction policy vs. current law using two closed cohorts of males & females aged 0-17 years in Massachusetts.

What they found...¹⁷

- Their cost-effectiveness study in Massachusetts estimated:
 - Similar legislation to SB 2774 would prevent 57,034 eating disorder cases and more than 46,000 other adverse medical events over 30 years.
 - Also it would yield **annual** healthcare savings of \$14 million and societal savings of \$30 million.
 - In sum, SB 2774 will incur essentially no new costs to implement but can save the state millions every year**

This legislation is likely to annually yield **\$14 million** in healthcare & **\$30 million** in societal savings!

The upshot: SB 2774 will save lives and money for Rhode Island.

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Fact Sheet

Protect Child Health in Rhode Island

SB 2774 COULD SAVE LIVES AND MILLIONS OF DOLLARS FOR RHODE ISLAND



The Problem



- **Youth are at risk.** A new study by Hall et al. found that nearly 1 in 10 adolescents have used ineffective and potentially harmful over-the-counter diet pills and similar products misused for weight loss in their lifetimes. Prevalence of use among adolescents was 2.0% in the past week, 4.4% in the past month, 6.2% in the past year, and 8.9% in their lifetime. ⁽¹⁾
- **Dangerous products.** Weight-loss and muscle-building dietary supplements carry serious risks, including organ failure, heart attack, stroke, testicular cancer, and even death. ⁽²⁻⁵⁾ Too often they contain illegal steroids, pharmaceutical drugs, or heavy metals. ⁽⁶⁾ The American Academy of Pediatrics strongly cautions against teens using over-the-counter diet pills ⁽⁷⁾ or muscle-building supplements ⁽⁸⁾ for any reason.
- **Weak federal regulation.** Supplements are taken off shelves by the Food and Drug Administration only after reports of serious injury. ⁽⁹⁾ In 2015, attorneys general of 14 states joined in a [letter](#) to Congress seeking a federal investigation into dietary supplements, ⁽¹⁰⁾ but still no federal action has been taken. Rhode Island's youth need greater protection now.



Urgent Action Needed by Rhode Island Lawmakers



- **Protect young people from the dangers of over-the-counter diet pills and muscle-building supplements.** If signed into law, **SB 2774** would ban the sale of over-the-counter diet pills and muscle-building supplements to minors under 18 years old, as already done for other dangerous products such as tobacco and pseudoephedrine. New York State has already passed a similar law, which took effect in April 2024.

Two Studies by Brandeis Economists Estimate Very Low, One-time Implementation Cost but Millions in Savings From Protective Effects



- **A study examining similar legislation from Massachusetts aimed to evaluate the value of implementing a state-level ban on sale of over-the-counter diet pills and muscle-building supplements to minors.**
 - The study gathered data through key informant interviews and public data on state websites.
 - The study considered minimum, best, and maximum values for state personnel time and salaries needed for all key provisions of the legislation.
- **The study found one-time implementation opportunity cost** estimated to be **only \$47,536**, which is less than a starting salary of a state administrative staff position. ⁽¹¹⁾
- **A second study estimated the cost-effectiveness of similar legislation in Massachusetts and likely effects on health equity.**
 - They found similar legislation would prevent **57,034 eating disorder cases** and **more than 46,000 other adverse medical events** over 30 years.
 - Also it would yield **annual healthcare savings of \$14 million** and **societal savings of \$30 million**.
- Health equity analysis showed results were **as beneficial or even more so for Latine & Black youth compared to their White counterparts.** ⁽¹²⁾

Given the bill's strong potential to provide urgently needed protection for youth and the estimated low cost of implementation, we urge your support for SB 2774.

Fact Sheet

Protect the Health of Rhode Island's Children

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Given the bill's strong potential to provide urgently needed protection for youth and the demonstrated low cost of implementation, we urge your support for SB 2774.