119TH CONGRESS
2D SESSION

H. RES. 1365

Recognizing Avoidant/Restrictive Food Intake Disorder (ARFID) as a serious feeding and eating disorder and acknowledging the urgent need to advance awareness, early identification, research, and equitable access to care.

IN THE HOUSE OF REPRESENTATIVES

JUNE 11, 2026

Ms. VELÁZQUEZ (for herself, Mr. TONKO, and Ms. NORTON) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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RESOLUTION

Recognizing Avoidant/Restrictive Food Intake Disorder (ARFID) as a serious feeding and eating disorder and acknowledging the urgent need to advance awareness, early identification, research, and equitable access to care.

Whereas Avoidant/Restrictive Food Intake Disorder (ARFID) is a clinically recognized feeding and eating disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM–5), characterized by a persistent failure to meet appropriate nutritional and/or energy needs;

Whereas ARFID is not associated with body image disturbance, but instead may involve sensory sensitivities, lack of interest in eating, or fear of aversive consequences such as choking, vomiting, severe allergic reactions, or gastrointestinal distress;

Whereas ARFID results in clinically significant medical and functional impairment, including substantial nutritional deficiencies, impaired growth and development, dependence on enteral feeding or nutritional supplementation, and marked psychosocial disruption;

Whereas ARFID commonly emerges in early childhood and may persist into adolescence and adulthood without timely recognition and intervention;

Whereas converging scientific evidence demonstrates that ARFID has a strong biological and genetic basis, with the Child and Adolescent Twin Study in Sweden finding the heritability as high as approximately 79 percent;

Whereas ARFID is associated with neurodevelopmental conditions, including autism spectrum disorder;

Whereas children who have ARFID are 14 times more likely to have autism and 11 percent of autistic children meet the criteria for ARFID;

Whereas ARFID may develop or intensify following traumatic or fear-based eating experiences, including choking, vomiting, severe allergic reactions, or other adverse gastrointestinal events;

Whereas ARFID affects individuals across all racial, ethnic, gender, and socioeconomic backgrounds, and current scientific evidence does not establish ARFID as a disorder limited to or primarily affecting any single demographic group;

Whereas disparities in recognition, diagnosis, and access to care persist due to variations in awareness, screening practices, and availability of specialized multidisciplinary services;

Whereas lack of awareness among health care providers, educators, and the public contributes to delayed diagnosis, mischaracterization of symptoms, and barriers to evidence-based treatment; and

Whereas early identification within pediatric and primary care settings, including during routine developmental and well-child evaluations, coupled with standardized screening and timely referral to multidisciplinary feeding, nutritional, and behavioral health specialists, can help alleviate long-term medical and developmental harm: Now, therefore, be it

1 *Resolved,* That the House of Representatives—
2 (1) recognizes Avoidant/Restrictive Food Intake
3 Disorder (ARFID) as a serious feeding and eating
4 disorder that results in clinically significant health
5 and developmental consequences;
6 (2) acknowledges the urgent national need to
7 improve early recognition, accurate diagnosis, and
8 access to appropriate, multidisciplinary care for indi-
9 viduals affected by ARFID;
10 (3) supports the advancement of research to
11 further define the biological, genetic, and
12 neurodevelopmental underpinnings of ARFID and to
13 develop effective, evidence-based interventions;

1 (4) calls upon Federal agencies, States, terri-
2 tories, and localities to strengthen early screening
3 practices, clinical training, and referral pathways
4 within pediatric and primary care systems;
5 (5) urges educational institutions to implement
6 appropriate accommodations and supports for stu-
7 dents affected by ARFID, including within school
8 meal environments, consistent with applicable Fed-
9 eral and State laws; and
10 (6) supports the expansion of community-based,
11 multidisciplinary services, including feeding therapy,
12 nutrition services, speech therapy, occupational ther-
13 apy, and behavioral health care, to ensure equitable
14 access for affected individuals and families.

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