To improve men’s health initiatives, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 16, 2021

Mr. PAYNE (for himself, Mr. McGovern, Mr. Thompson of Mississippi, Ms. Norton, Mr. Sires, Mr. Johnson of Georgia, Mr. Bowman, Mr. Mfume, Mr. Veasey, Mr. Bishop of Georgia, Mrs. Watson Coleman, and Ms. Jackson Lee) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To improve men’s health initiatives, and for other purposes.

1 Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Men’s Health Aware-
5 ness and Improvement Act”.

6 SEC. 2. FINDINGS.

7 Congress finds the following:

8 (1) Risks to the health and well-being of the
9 Nation’s men (and our families) are on the rise due
to a lack of education on, awareness of, and pursuit of preventive screening and care. For instance—

(A) men are leading in 9 out of the top 10 causes of death;

(B) the life expectancy gap persists with the average age of death for men being 76.2 years versus 81.2 years for women; and

(C) in the United States, men die at an overall rate 1.4 times higher than women.

(2) While this health crisis is of particular concern to men, it is also a concern for women regarding their fathers, husbands, sons, and brothers.

(3) Men’s health is a concern to the Federal Government and State governments, which absorb the enormous costs of premature death and disability, including the costs of caring for dependents who are left behind.

(4) According to the Social Security Administration, 16.3 percent of widows age 65 and over are impoverished, compared to 4.9 percent of married women age 65 and over.

(5) Educating men, their families, and health care providers about the importance of early detection of health issues that can impact men, such as cardiovascular disease, mental health, HIV/AIDS,
osteoporosis, cancer (lung, prostate, skin, colorectal, testicular, and more), and other pertinent health issues, can result in reducing rates of mortality of diseases impacting males, as well as improve the health of the Nation’s males and its overall economic well-being.

(6) Of concern is the physical, mental, and emotional well-being of our military men (and women) returning from war zones and our veterans.

(7) Recent scientific studies have shown that regular medical exams, preventive screenings, regular exercise, and healthy eating habits can save lives.

(8) According to the American Foundation for Suicide Prevention, men are nearly four times as likely to commit suicide.

(9) Appropriate use of tests such as prostate cancer screening exams, blood pressure tests, blood glucose testing, lipid panel testing, and colorectal screenings, in conjunction with clinical exams or self-testing, can result in the early detection of many problems and increased survival rates.

(10) Men’s health is a concern for employers who pay the costs of medical care and lose productive employees.
(11) According to the National Cancer Institute, cancer mortality is higher among men than women (185.5 per 100,000 men and 133.5 per 100,000 women).

(12) In 2018, national expenditures for cancer care in the United States were $150.8 billion.

(13) Prostate cancer is the most frequently diagnosed cancer in the United States among men. One in 9 men will be diagnosed with prostate cancer in their lifetime. This year alone, over 248,530 men will be newly diagnosed with prostate cancer and 34,130 men with prostate cancer will die. Costs associated with prostate cancer detection and treatments were $15.3 billion in 2018 in the United States and such costs are estimated to increase. Prostate cancer rates increase sharply with age, and more than 90 percent of such cases are diagnosed in men age 55 and older. The incidence of prostate cancer is 50 percent higher in African-American men, who are twice as likely to die from such cancer. There are over 3,100,000 men in the United States living with prostate cancer.

(14) It is estimated that, in 2021, approximately 119,100 men in the United States will be di-
agnosed with lung cancer, and an estimated 69,410
men will die from lung cancer.

(15) It is estimated that, in 2021, approxi-
mately 79,520 men in the United States will be di-
agnosed with colorectal cancer, and 28,520 men will
die from colorectal cancer.

(16) Men make up over half the diabetes pa-
tients aged 18 and over in the United States (17.9
million men total) and over $\frac{1}{3}$ of them don’t know
it. Approximately 34.2 million people in the United
States are living with diabetes, and men are more
likely to die from the disease. In the United States,
88 million people aged 18 and older, 40.9 million
men, and 47.1 million women have prediabetes. Peo-
ple with diagnosed diabetes have medical expendi-
tures that are 2.3 times higher than patients with-
out diabetes, and the estimated cost of diabetes in
2017 was $327 million.

(17) A research study found that premature
death and morbidity in men costs Federal, State,
and local governments in excess of $142 billion an-
nually. It also costs United States employers, and
society as a whole, in excess of $156 billion annually
and an additional $181 billion annually in decreased
quality of life.
(18) Over 9,470 men will be diagnosed in 2021 with testicular cancer, and 440 of these men will die from this disease. A common reason for delay in treatment of this disease is a delay in seeking medical attention after discovering a testicular mass.

(19) Men over the past decade have shown poorer health outcomes than women across all racial and ethnic groups as well as socioeconomic status.

(20) Healthy fathers can be role models for their children, leading by example, and encouraging them to lead healthy lifestyles.

(21) Establishing an Office of Men’s Health is needed to investigate these findings and take further action to promote awareness of men’s health needs.

SEC. 3. ESTABLISHMENT OF OFFICE OF MEN’S HEALTH.

Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by adding at the end the following:

“SEC. 1711. OFFICE OF MEN’S HEALTH.

“(a) In General.—The Secretary shall establish within the Department of Health and Human Services an office to be known as the Office of Men’s Health, which shall be headed by a director to be appointed by the Secretary.
“(b) ACTIVITIES.—The Director of the Office of Men’s Health shall—

“(1) conduct, support, coordinate, and promote programs and activities to improve the state of men’s health in the United States, including by working with the Department of Veterans Affairs, the Department of Defense, and the Office of Personnel Management; and

“(2) consult with the offices and agencies of the Department of Health and Human Services for the purposes of—

“(A) coordinating public awareness, education, and screening programs and activities relating to men’s health, with an emphasis on colorectal cancer, prostate cancer, diabetes, cholesterol, and mental health screening programs for men identified as being at increased risk of developing such conditions and diseases;

“(B) coordinating programs and activities under title XVIII of the Social Security Act relating to men’s health, including colorectal cancer, prostate cancer, diabetes, cholesterol, and mental health screening programs; and

“(C) establishing and maintaining a database of best practices, clinical guidelines, cur-
rent clinical research published, and funded and
active requests for grant proposals in order to
promote quality assurance and improved under-
standing of clinical issues affecting men.

“(c) REPORT.—Not later than two years after the
date of the enactment of this section, the Director shall
submit to the Congress a report describing the activities
of such Office, including findings by the Director regard-
ing men’s health.”.

SEC. 4. GUIDANCE.

Not later than 180 days after the date of the enact-
ment of this Act, the Secretary of Health and Human
Services shall issue guidance regarding the improvement
of men’s health outcomes under section 1711 of the Public
Health Service Act, as added by section 3, that includes—

(1) the development of short-range and long-
range goals and objectives within the Department of
Health and Human Services, in coordination with
other appropriate offices of the Department, that re-
late to disease prevention, health promotion, service
delivery, research, and public and health care profes-
sional education for issues of particular concern to
men throughout their lifespan; and

(2) recommendations for enhancing the Depart-
ment’s outreach with respect to men’s health.
SEC. 5. STUDY AND REPORTS.

(a) OASH STUDY.—Not later than one year after the date of the enactment of this Act, the Assistant Secretary for Health of the Department of Health and Human Services (referred to in this section as the “Assistant Secretary”), in collaboration with the Director of the National Cancer Institute and the Director of the National Institute of Mental Health, shall conduct a study on the following:

(1) Whether underscreening or underdiagnosis of men’s health issues exist, with emphasis on colorectal cancer, prostate cancer, mental health, and other health concerns for which men are at a great risk.

(2) Causes of any such underscreening or underdiagnosis.

(3) Whether men underutilize health services.

(4) Causes of any such underutilization.

(b) OASH REPORT.—Not later than 18 months after the date of the enactment of this Act, the Assistant Secretary shall submit to the appropriate committees of Congress a report on the findings of the study conducted under subsection (a) and include any recommendations resulting from such findings.

(c) GAO REPORT.—Not later than 180 days after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the appropriate com-
mittees of Congress a report detailing the effectiveness of Federal agency outreach with respect to men’s health initiatives.