

118TH CONGRESS  
1ST SESSION

# H. R. 4182

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

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IN THE HOUSE OF REPRESENTATIVES

JUNE 15, 2023

Mr. PAYNE (for himself and Mr. MCGOVERN) introduced the following bill;  
which was referred to the Committee on Energy and Commerce

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## 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        The 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  
10       to a lack of education on, awareness of, and pursuit  
11       of preventive screening and care. For instance—

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

3 (B) the lifespan gender gap has expanded  
4 to 5.9 years with the average age of death for  
5 men being 73.2 years versus 79.1 years for  
6 women; and

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

9 (2) While this health crisis is of particular con-  
10 cern to men, it is also a concern for women regard-  
11 ing their fathers, husbands, sons, and brothers.

12 (3) Men's health is a concern to the Federal  
13 Government and State governments, which absorb  
14 the enormous costs of premature death and dis-  
15 ability, including the costs of caring for dependents  
16 who are left behind.

17 (4) According to the Social Security Adminis-  
18 tration, 16.8 percent of widows 65 years of age or  
19 older are impoverished, compared to 4.9 percent of  
20 married women 65 years of age or older.

21 (5) Educating men, their families, and health  
22 care providers about the importance of early detec-  
23 tion of health issues that can impact men, such as  
24 cardiovascular disease, mental health, HIV/AIDS,  
25 osteoporosis, cancer (lung, prostate, skin, colorectal,

1 testicular, and more), and other pertinent health  
2 issues, can result in reducing rates of mortality of  
3 diseases impacting males, as well as improve the  
4 health of the Nation's males and its overall economic  
5 well-being.

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

9 (7) Recent scientific studies have shown that  
10 regular medical exams, preventive screenings, reg-  
11 ular exercise, and healthy eating habits can save  
12 lives.

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

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

22 (10) Men's health is a concern for employers  
23 who pay the costs of medical care and lose produc-  
24 tive employees.

1           (11) According to the National Cancer Insti-  
2           tute, cancer mortality is higher among men than  
3           women (185.5 per 100,000 men and 135.7 per  
4           100,000 women).

5           (12) In 2020, national expenditures for cancer  
6           care in the United States were \$208.9 billion.

7           (13) Prostate cancer is the most frequently di-  
8           agnosed cancer in the United States among men.  
9           One in 9 men will be diagnosed with prostate cancer  
10          in their lifetime. This year alone, over 288,300 men  
11          will be newly diagnosed with prostate cancer and  
12          34,700 men with prostate cancer will die. Costs as-  
13          sociated with prostate cancer detection and treat-  
14          ments were \$15.3 billion in 2018 in the United  
15          States, and such costs are estimated to increase.  
16          Prostate cancer rates increase sharply with age, and  
17          more than 90 percent of such cases are diagnosed in  
18          men age 55 and older. The incidence of prostate  
19          cancer is 50 percent higher in African-American  
20          men, who are twice as likely to die from such cancer.  
21          There are over 3,100,000 men in the United States  
22          living with prostate cancer.

23          (14) It is estimated that, in 2023, approxi-  
24          mately 117,500 men in the United States will be di-

1 agnosed with lung cancer, and an estimated 67,160  
2 men will die from lung cancer.

3 (15) It is estimated that, in 2023, approxi-  
4 mately 82,060 men in the United States will be di-  
5 agnosed with colorectal cancer, and 28,470 men will  
6 die from colorectal cancer.

7 (16) Men make up over half the diabetes pa-  
8 tients aged 18 and over in the United States (18.9  
9 million men total) and over  $\frac{1}{3}$  of them don't know  
10 it. Approximately 37.3 million people in the United  
11 States are living with diabetes, and men are more  
12 likely to die from the disease. In the United States,  
13 96 million people aged 18 and older, 45.3 million  
14 men, and 50.7 million women have prediabetes. Peo-  
15 ple with diagnosed diabetes have medical expendi-  
16 tures that are 2.3 times higher than patients with-  
17 out diabetes, and the estimated cost of diabetes in  
18 2017 was \$327 billion.

19 (17) A research study found that premature  
20 death and morbidity in men costs Federal, State,  
21 and local governments in excess of \$142 billion an-  
22 nually. It also costs United States employers, and  
23 society as a whole, in excess of \$156 billion annually  
24 and an additional \$181 billion annually in decreased  
25 quality of life.

1           (18) Over 9,190 men will be diagnosed in 2023  
2           with testicular cancer, and 470 of these men will die  
3           from this disease. A common reason for delay in  
4           treatment of this disease is a delay in seeking med-  
5           ical attention after discovering a testicular mass.

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

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

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

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

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

19 **“SEC. 1712. OFFICE OF MEN’S HEALTH.**

20          “(a) IN GENERAL.—The Secretary shall establish  
21          within the Department of Health and Human Services an  
22          office to be known as the Office of Men’s Health, which  
23          shall be headed by a director to be appointed by the Sec-  
24          retary.

1       “(b) ACTIVITIES.—The Director of the Office of  
2 Men’s Health shall—

3               “(1) conduct, support, coordinate, and promote  
4 programs and activities to improve the state of  
5 men’s health in the United States, including by  
6 working with the Department of Veterans Affairs,  
7 the Department of Defense, and the Office of Per-  
8 sonnel Management; and

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

12                       “(A) coordinating public awareness, edu-  
13 cation, and screening programs and activities  
14 relating to men’s health, with an emphasis on  
15 colorectal cancer, prostate cancer, diabetes, cho-  
16 lesterol, and mental health screening programs  
17 for men identified as being at increased risk of  
18 developing such conditions and diseases;

19                       “(B) coordinating programs and activities  
20 under title XVIII of the Social Security Act re-  
21 lating to men’s health, including colorectal can-  
22 cer, prostate cancer, diabetes, cholesterol, and  
23 mental health screening programs; and

24                       “(C) establishing and maintaining a data-  
25 base of best practices, clinical guidelines, cur-

1           rent clinical research published, and funded and  
2           active requests for grant proposals in order to  
3           promote high-quality assurance and improved  
4           understanding of clinical issues affecting men.

5           “(c) REPORT.—Not later than two years after the  
6           date of the enactment of this section, the Director of the  
7           Office of Men’s Health shall submit to the Congress a re-  
8           port describing the activities of such Office, including find-  
9           ings by the Director regarding men’s health.”.

10 **SEC. 4. GUIDANCE.**

11           Not later than 180 days after the date of the enact-  
12           ment of this Act, the Secretary of Health and Human  
13           Services shall issue guidance regarding the improvement  
14           of men’s health outcomes under section 1712 of the Public  
15           Health Service Act, as added by section 3, that includes—

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

24           (2) recommendations for enhancing the Depart-  
25           ment’s outreach with respect to men’s health.



1 **SEC. 5. STUDY AND REPORTS.**

2 (a) OASH STUDY.—Not later than one year after the  
3 date of the enactment of this Act, the Assistant Secretary  
4 for Health of the Department of Health and Human Serv-  
5 ices (referred to in this section as the “Assistant Sec-  
6 retary”), in collaboration with the Director of the National  
7 Cancer Institute and the Director of the National Institute  
8 of Mental Health, shall conduct a study on the following:

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

14 (2) Causes of any such underscreening or  
15 underdiagnosis.

16 (3) Whether men underutilize health services.

17 (4) Causes of any such underutilization.

18 (b) OASH REPORT.—Not later than 18 months after  
19 the date of the enactment of this Act, the Assistant Sec-  
20 retary shall submit to the appropriate committees of Con-  
21 gress a report on the findings of the study conducted  
22 under subsection (a) and include any recommendations re-  
23 sulting from such findings.

24 (c) GAO REPORT.—Not later than 180 days after the  
25 date of the enactment of this Act, the Comptroller General  
26 of the United States shall submit to the appropriate com-

- 1 mittees of Congress a report detailing the effectiveness of
- 2 Federal agency outreach with respect to men's health ini-
- 3 tiatives.

