

119TH CONGRESS
2D SESSION

S. 5113

To direct the Secretary of Health and Human Services to study and report on the state of men’s health in the United States and to establish an Office of Men’s Health within the Department of Health and Human Services.

IN THE SENATE OF THE UNITED STATES

JULY 23, 2026

Mr. GALLEGO (for himself and Mr. MARSHALL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To direct the Secretary of Health and Human Services to study and report on the state of men’s health in the United States and to establish an Office of Men’s Health within the Department of Health and Human Services.

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 “State of Men’s Health
5 Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Risks to the health and well-being of the
2 Nation's men (and their families) are on the rise due
3 to a lack of education on, awareness of, and pursuit
4 of preventive screening and care. These risks in-
5 clude—

6 (A) men are more at risk for premature
7 death from 9 out of the top 10 causes of death;

8 (B) after a steady decline from 1979 to
9 2016, the lifespan gender gap has expanded
10 since 2016 from 4.4 years to a crisis level of
11 5.9 years with the current average age of death
12 for men being 73.2 years versus 79.1 years for
13 women; and

14 (C) in the United States, men die at an
15 overall rate 1.4 times higher than women on an
16 age-adjusted basis.

17 (2) While this health crisis is of particular con-
18 cern to men, it is also a concern for women who pre-
19 maturely lose their fathers, husbands, sons, and
20 brothers.

21 (3) Men's health is a concern to the Federal
22 Government and State governments, which absorb
23 the enormous costs of premature death and dis-
24 ability among men, including the costs of caring for
25 dependents who are left behind.

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

5 (5) Educating men, their families, and health
6 care providers about the importance of early detec-
7 tion of health issues that can impact men, such as
8 cardiovascular disease, mental health, HIV/AIDS,
9 osteoporosis, cancer (lung, prostate, skin, colorectal,
10 testicular, and more), and other pertinent health
11 issues, can result in reducing rates of mortality of
12 diseases impacting males, as well as improve the
13 health of the Nation's males and the Nation's overall
14 economic well-being.

15 (6) Of concern are the physical, mental, and
16 emotional well-being of our military men (and
17 women) returning from war zones and our veterans,
18 particularly with respect to mental health and sui-
19 cide prevention.

20 (7) Recent scientific studies have shown that
21 regular medical exams, preventive screenings, reg-
22 ular exercise, and healthy eating habits can save
23 lives.

24 (8) Men die of suicide at four times the rate of
25 women. According to the Centers for Disease Con-

1 trol and Prevention, men make up 50 percent of the
2 population but nearly 80 percent of suicides.

3 (9) According to the National Cancer Institute,
4 cancer mortality is higher among men than women
5 (171.5 per 100,000 men and 126.3 per 100,000
6 women).

7 (10) 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. In 2026, over 333,830 men will be
11 newly diagnosed with prostate cancer and 36,320
12 men with prostate cancer will die. The incidence of
13 prostate cancer is 50 percent higher in African-
14 American men, who are twice as likely to die from
15 such cancer. There are over 3,100,000 men in the
16 United States living with prostate cancer.

17 (11) It is estimated that, in 2026, approxi-
18 mately 110,910 men in the United States will be di-
19 agnosed with lung cancer, and an estimated 63,040
20 men will die from lung cancer.

21 (12) It is estimated that, in 2026, approxi-
22 mately 55,410 men in the United States will be di-
23 agnosed with colon cancer and 28,750 men will be
24 diagnosed with rectal cancer. In the United States,

1 colorectal cancer is the third-leading cause of cancer-
2 related deaths in men.

3 (13) Men make up over half the diabetes pa-
4 tients aged 18 and over in the United States (18.9
5 million men total), and over one-third of them don't
6 know it. Approximately 37.3 million people in the
7 United States are living with diabetes, and men are
8 more likely to die from the disease. In the United
9 States, 96 million people aged 18 and older have
10 prediabetes. People with diagnosed diabetes have
11 medical expenditures that are 2.3 times higher than
12 patients without diabetes.

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

20 (15) About 9,810 men will be diagnosed in
21 2026 with testicular cancer, and many of these men
22 will die from this disease or suffer serious adverse
23 outcomes due to lack of early diagnosis and treat-
24 ment. A common reason for delay in treatment of

1 this disease is a delay in seeking medical attention
2 after discovering a testicular mass.

3 (16) Men over the past decade have shown
4 poorer health outcomes than women across all racial
5 and ethnic groups as well as across socioeconomic
6 status conditions.

7 (17) Healthy fathers can be role models for
8 their children, leading by example, and encouraging
9 them to lead healthy lifestyles. The premature death
10 and disability of fathers is an issue of central impor-
11 tance to children.

12 (18) 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. GAO STUDY AND REPORT ON THE STATE OF MEN’S**
16 **HEALTH.**

17 (a) IN GENERAL.—Not later than 1 year after the
18 date of enactment of this Act, the Comptroller General
19 of the United States shall—

20 (1) complete a study on the state of men’s
21 health in the United States, including the territories
22 of the United States; and

23 (2) submit a report to the Congress on the re-
24 sults of such study.

1 (b) REPORT CONTENTS.—The report required by
2 subsection (a) shall—

3 (1) identify health disparities in men’s health;

4 (2) describe the programs and activities of the
5 Federal Government that are currently authorized
6 and can be optimized to improve men’s health to
7 eliminate or reduce such health disparities;

8 (3) recommend any additional programs or ac-
9 tivities that should be undertaken by the Federal
10 Government to eliminate or reduce such health dis-
11 parities;

12 (4) identify and describe efforts to coordinate
13 and support men’s health throughout the Federal
14 Government and identify ways in which such coordi-
15 nation and support can be improved;

16 (5) identify the number of offices within the
17 Federal Government focusing on health services and
18 recommend offices that—

19 (A) could be combined or transitioned into
20 an office on men’s health; or

21 (B) could assume a leadership role on
22 men’s health;

23 (6) review and assess programs and activities to
24 improve male engagement in the health care system;

1 (7) assess the Federal research landscape to
 2 identify opportunities for additional investments that
 3 could catalyze significant progress in addressing
 4 men’s health needs; and

5 (8) identify ways to increase public awareness
 6 of the need for greater investment in and attention
 7 to men’s health research, as well as men’s health
 8 outcomes.

9 (c) FUNDING.—No additional funds are authorized to
 10 be appropriated to carry out this section. Any funds used
 11 to carry out this section shall be derived from amounts
 12 authorized to be appropriated by other provisions of law.

13 **SEC. 4. OFFICE OF MEN’S HEALTH.**

14 Part A of title II of the Public Health Service Act
 15 (42 U.S.C. 202 et seq.) is amended by adding at the end
 16 the following:

17 **“SEC. 229A. HEALTH AND HUMAN SERVICES OFFICE OF**
 18 **MEN’S HEALTH.**

19 “(a) ESTABLISHMENT.—Not later than 18 months
 20 after the date of enactment of this section, the Secretary
 21 shall establish within the Department of Health and
 22 Human Services an Office of Men’s Health.

23 “(b) CONSIDERATIONS.—In establishing such Office,
 24 the Secretary shall take into consideration the results of

1 the study under section 3 of the State of Men’s Health
2 Act.

3 “(c) ACTIVITIES.—The activities of the Office of
4 Men’s Health shall include—

5 “(1) conducting, supporting, coordinating, and
6 promoting programs and activities to improve the
7 state of men’s health in the United States;

8 “(2) assisting in the coordination of programs
9 and activities of the Department of Health and
10 Human Services relating to men’s health, including
11 coordination of public awareness, education, and
12 screening programs and activities related to men’s
13 health, with an emphasis on colorectal cancer, pros-
14 tate cancer, diabetes, high cholesterol, and mental
15 health screening programs for men identified as
16 being at increased risk of developing such diseases
17 and conditions; and

18 “(3) establishing and maintaining a database of
19 best practices, clinical guidelines, clinical research,
20 and funding opportunities relating to men’s health.

21 “(d) REPORT.—Not later than two years after the es-
22 tablishment of the Office of Men’s Health, the Secretary
23 shall submit to Congress a report describing the activities
24 of such Office, including—

25 “(1) findings regarding men’s health; and

1 “(2) recommendations to improve men’s health
2 outcomes as a result of the findings.

3 “(e) FUNDING.—No additional funds are authorized
4 to be appropriated to carry out this section. Any funds
5 used to carry out this section shall be derived from
6 amounts authorized to be appropriated by other provisions
7 of law, excluding any amounts authorized to be appro-
8 priated to the Office on Women’s Health under section
9 229 or any other office of women’s health in the Depart-
10 ment of Health and Human Services.”.

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