

119<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 7602

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.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 20, 2026

Mr. CARTER of Louisiana (for himself and Mr. MURPHY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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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