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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.

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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''State of Men's Health Act''.

SEC. 2. FINDINGS.

Congress finds the following:

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

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

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

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

(2) While this health crisis is of particular concern to men, it is also a concern for women who prematurely lose 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 among men, including the costs of caring for dependents who are left behind.

(4) According to the Social Security Administration, 16.8 percent of widows 65 years of age or older are impoverished, compared to 4.9 percent of married women 65 years of age or older.

(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 the Nation's overall economic well-being.

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

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

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

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

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

(10) 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. In 2026, over 333,830 men will be newly diagnosed with prostate cancer and 36,320 men with prostate cancer will die. 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.

(11) It is estimated that, in 2026, approximately 110,910 men in the United States will be diagnosed with lung cancer, and an estimated 63,040 men will die from lung cancer.

(12) It is estimated that, in 2026, approximately 55,410 men in the United States will be diagnosed with colon cancer and 28,750 men will be diagnosed with rectal cancer. In the United States,

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

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

(14) A research study found that premature death and morbidity in men costs Federal, State, and local governments in excess of $142 billion annually. 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.

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

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

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

(17) Healthy fathers can be role models for their children, leading by example, and encouraging them to lead healthy lifestyles. The premature death and disability of fathers is an issue of central importance to children.

(18) 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. GAO STUDY AND REPORT ON THE STATE OF MEN'S HEALTH.

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

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

(2) submit a report to the Congress on the results of such study.

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

(1) identify health disparities in men's health;

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

(3) recommend any additional programs or activities that should be undertaken by the Federal Government to eliminate or reduce such health disparities;

(4) identify and describe efforts to coordinate and support men's health throughout the Federal Government and identify ways in which such coordination and support can be improved;

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

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

(B) could assume a leadership role on men's health;

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

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

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

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

SEC. 4. OFFICE OF MEN'S HEALTH.

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

"SEC. 229A. HEALTH AND HUMAN SERVICES OFFICE OF MEN'S HEALTH.

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

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

the study under section 3 of the State of Men's Health Act.

''(c) ACTIVITIES.—The activities of the Office of Men's Health shall include—

''(1) conducting, supporting, coordinating, and promoting programs and activities to improve the state of men's health in the United States;

''(2) assisting in the coordination of programs and activities of the Department of Health and Human Services relating to men's health, including coordination of public awareness, education, and screening programs and activities related to men's health, with an emphasis on colorectal cancer, prostate cancer, diabetes, high cholesterol, and mental health screening programs for men identified as being at increased risk of developing such diseases and conditions; and

''(3) establishing and maintaining a database of best practices, clinical guidelines, clinical research, and funding opportunities relating to men's health.

''(d) REPORT.—Not later than two years after the establishment of the Office of Men's Health, the Secretary shall submit to Congress a report describing the activities of such Office, including—

''(1) findings regarding men's health; and

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

''(e) FUNDING.—No additional funds are authorized to be appropriated to carry out this section. Any funds used to carry out this section shall be derived from amounts authorized to be appropriated by other provisions of law, excluding any amounts authorized to be appropriated to the Office on Women's Health under section 229 or any other office of women's health in the Department of Health and Human Services.''.

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