

HOUSE BILL 205

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2004 Regular Session  
4r0379

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By: **Delegates Murray, Carter, Dumais, Feldman, Haynes, Hurson, Kaiser,  
King, Kirk, Lee, Madaleno, Marriott, Montgomery, Nathan-Pulliam,  
Oaks, Paige, Simmons, Stern, Taylor, and Vaughn**

Introduced and read first time: January 22, 2004

Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 24, 2004

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CHAPTER \_\_\_\_\_

1 AN ACT concerning

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**Task Force on Men's Health**

3 FOR the purpose of establishing a Task Force on Men's Health; providing for the  
4 composition and staffing of the Task Force; specifying the duties of the Task  
5 Force; providing certain reimbursement for travel expenses; requiring the Task  
6 Force to report its findings and recommendations on or before a certain date;  
7 providing for the termination of this Act; and generally relating to a Task Force  
8 on Men's Health.

9

Preamble

10 WHEREAS, There is a silent health crisis affecting the health and well-being of  
11 Maryland men; and

12 WHEREAS, This health crisis is of particular concern to men but is also a  
13 concern for women, as the crisis affects fathers, husbands, sons, and brothers; and

14 WHEREAS, Men's health is likewise a concern for employers, who lose  
15 productive employees as well as pay the costs of medical care, and for State  
16 government and society, which absorb the enormous costs of premature death and  
17 disability, including the costs of caring for dependents left without income; and

18 WHEREAS, The life expectancy for a child born in Maryland in 2001 was 73.9  
19 for males, versus 79.1 for females; and

20 WHEREAS, The 2001 Maryland death rate of 819.9 per 100,000 population for  
21 men exceeded the death rate of 802.4 per 100,000 population for women; and

1 WHEREAS, In Maryland, only 22 percent of the deaths to women in 2001  
2 occurred before age 65, men younger than 65 accounted for 36 percent of all deaths to  
3 men in that year; and

4 WHEREAS, Men comprised 60 percent of new HIV cases in 2001 in Maryland  
5 and 67 percent of new AIDS cases in the same year; and

6 WHEREAS, Men are reported to be 25 percent less likely than women to visit a  
7 doctor; and

8 WHEREAS, Employment-based health insurance, which has traditionally  
9 financed much of the health care received by men, is on the decline, and recent  
10 Medicaid and other publicly-financed health care expansions have focused primarily  
11 on children and women; and

12 WHEREAS, Regular exercise, good nutrition, healthy behaviors, regular  
13 medical checkups, preventive health screenings, and diagnostic tests that detect  
14 disease early have been proven to save lives; now, therefore,

15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
16 MARYLAND, That:

17 (a) There is a Task Force on Men's Health.

18 (b) The Task Force consists of the following ~~13~~ 14 members:

19 (1) two members of the Senate of Maryland, appointed by the President  
20 of the Senate;

21 (2) two members of the House of Delegates, appointed by the Speaker of  
22 the House;

23 (3) the following members, appointed by the Governor:

24 (i) two licensed physicians from the State's academic health  
25 centers, who specialize in treating diseases of men;

26 (ii) one representative of the Department of Health and Mental  
27 Hygiene;

28 (iii) two licensed mental health professionals;

29 (iv) one licensed nurse practitioner;

30 (v) two representatives of local health departments; ~~and~~

31 (vi) one consumer member; and

32 (vii) one licensed pharmacist.

33 (c) The Governor shall designate the chairman of the Task Force.

1 (d) The Department of Health and Mental Hygiene shall provide staff support  
2 for the Task Force.

3 (e) A member of the Task Force:

4 (1) may not receive compensation; but

5 (2) is entitled to reimbursement for expenses under the Standard State  
6 Travel Regulations, as provided in the State budget.

7 (f) The Task Force shall:

8 (1) review health care morbidity and mortality statistics and utilization  
9 patterns, including regional variations, for Maryland men;

10 (2) examine the availability and adequacy of health care services for  
11 men;

12 (3) develop strategies and public policy recommendations, including  
13 community outreach and public-private partnerships, that are designed to educate  
14 Maryland men on the benefits of regular medical checkups, early detection and  
15 preventive screening tests, and healthy lifestyle practices;

16 (4) focus on improving health outcomes of men in specific disease areas  
17 including, but not limited to, prostate and testicular cancer, cardiovascular disease,  
18 depression, and diabetes;

19 (5) develop strategies for preventive health care services that will result  
20 in reduced health insurance rates; and

21 (6) recommend assistance, services, and policy changes that will result  
22 in improvements to men's health care and health status.

23 (g) The Task Force shall report its findings and recommendations to the  
24 Governor and, subject to § 2-1246 of the State Government Article, the General  
25 Assembly on or before December 31, 2005.

26 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take  
27 effect July 1, 2004. It shall remain effective for a period of 1 year and 6 months and,  
28 at the end of December 31, 2005, with no further action required by the General  
29 Assembly, this Act shall be abrogated and of no further force and effect.

