
By: **Delegate Murray**

Introduced and read first time: March 4, 2005

Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

2 **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 for certain reimbursement for travel expenses; requiring the
6 Task Force to report its findings and recommendations on or before a certain
7 date; providing for the termination of this Act; and generally relating to a Task
8 Force 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 years for males, versus 79.1 years 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

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

25 WHEREAS, Men comprised 60% of new HIV cases in 2001 in Maryland and 67%
26 of new AIDS cases in the same year; and

27 WHEREAS, Men are reported to be 25% less likely than women to visit a doctor;
28 and

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

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

8 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
9 MARYLAND, That:

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

11 (b) The Task Force consists of the following 14 members:

12 (1) two members of the Senate of Maryland, appointed by the President
13 of the Senate;

14 (2) two members of the House of Delegates, appointed by the Speaker of
15 the House;

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

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

19 (ii) one representative of the Department of Health and Mental
20 Hygiene;

21 (iii) two licensed mental health professionals;

22 (iv) one licensed nurse practitioner;

23 (v) two representatives of local health departments;

24 (vi) one consumer member; and

25 (vii) one licensed pharmacist.

26 (c) The Governor shall designate the chair of the Task Force.

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

29 (e) A member of the Task Force:

30 (1) may not receive compensation; but

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

1 (f) The Task Force shall:

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

4 (2) examine the availability and adequacy of health care services for
5 men;

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

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

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

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

17 (g) The Task Force shall report its findings and recommendations to the
18 Governor and, subject to § 2-1246 of the State Government Article, the General
19 Assembly on or before December 31, 2006.

20 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take
21 effect July 1, 2005. It shall remain effective for a period of 1 year and 6 months and,
22 at the end of December 31, 2006, with no further action required by the General
23 Assembly, this Act shall be abrogated and of no further force and effect.