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"ALEC" has long been a secretive collaboration between Big Business and "conservative" politicians. Behind closed doors, they ghostwrite "model" bills to be introduced in state capitols across the country. This agenda-underwritten by global corporations--includes major tax loopholes for big industries and the super rich, proposals to offshore U.S. jobs and gut minimum wage, and efforts to weaken public health, safety, and environmental protections. Although many of these bills have become law, until now, their origin has been largely unknown. With **ALEC EXPOSED**, the Center for Media and Democracy hopes more Americans will study the bills to understand the depth and breadth of how big corporations are changing the legal rules and undermining democracy across the nation.

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State Best Practices (excerpts)

Legislation for the Health of Men and Their Families

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Men's Health As a Public Health Issue

There is a predominantly silent crisis in the health and well-being of American men. Due to a lack of awareness, poor health education, and culturally induced behavior patterns in their work and personal lives, men's health and well-being are deteriorating steadily. The men's health crisis is seen most dramatically in mortality figures. In 1920, the gap in life expectancy between men and women was only one (1) year. That gap has widened over the years, and by 2000, men were dying six (6) years earlier than women. Over the last thirty years, the rate of male mortality compared to female mortality has increased in every age category.

Simply put, there is a silent crisis in America, a crisis of epic proportions: On average, American men live shorter and less-healthy lives than American women.

Men's health is obviously a concern for men, but it is also a concern for women -- concern for their fathers, husbands, sons and brothers. Men's health is a concern for employers who lose productive employees and pay the costs of medical care, and likewise is a concern for government and society which absorb the enormous costs of premature death and disability, including the costs of caring for dependents left behind.

The Weaker Sex:

The stereotype suggesting that men are the stronger gender is not supported by health and mortality data. Males of every age are at higher risk for life-threatening disease, injury, or death. The National Center for Health Statistics has shown that men have higher age-adjusted death rates than women for each of the top 10 leading causes of death in the United States. Men die of heart disease, including heart attacks, at almost twice the rate of women. Men die of cancer at 1.5 times the rate of women and are four times as likely to die of suicide. But physical health is only part of the puzzle. Depression and alienation from family contribute substantially to men's lack of well-being.

"Excluding pregnancy-related office visits, women make twice as many preventative care visits as men."

Utilization of Ambulatory Medical Care by Women: United States, 1997-98, CDC

"Males have a 2.4-fold higher mortality due to accidents and violence," writes Dr. David Gremillion, a member of MHN's Board of Directors and an Assistant Professor at the

Did you know that global pharmaceutical company Bayer Healthcare was the corporate co-chair in 2011?

University of North Carolina School of Medicine. "Men lead in each of the top 10 causes of death in America, and their life span is 5.7 years shorter than their female counterparts, with an overall age-adjusted mortality 1.6 times greater than that of females. This applies across the diagnostic spectrum, including heart disease, cancer, and chronic liver diseasei."

Prevention:

A recent Centers for Disease Control and Prevention (CDC) study of ambulatory care by women illustrates just how wide the health care gulf between the two sexes is. Among other things, the study found that(ii):

-Excluding pregnancy-related office visits, women make twice as many preventative care visits as men.

-Among people 65 years of age and over, the rate of visits was fairly similar.

-As would be expected, there are more drug mentions per population among women than there are men, since there are more visits per population.

The study's authors offered several possible explanations for this disparity: Women's self-reported health is worse than men's, on average, which may either reflect more illness or differences in the way health is viewed or discussed by women. Women generally are responsible for their family's health and so may think about health care needs more than men. They are more likely to have a usual source of care, which is a strong predictor of health care utilization. They also tend to use medical care for screening and health education more often than men. Women have been said to also be more likely to report and act on illness, although research has not always borne this out.

Socialization:

Men's devotion to the workplace is also partly to blame. Various studies have shown that men are less likely than women to take time off from work for health related issues. Men's reluctance to make timely health care visits, however, is not only a function of work and time, but also of the way our culture socializes boys from earliest age: "big boys don't cry." That attitude extends to the workplace where men feel compelled to ignore their own physical (and mental) health needs and put in a "full 40 hours" ... or more ... knowing that if they take time off for anything less than a true health emergency, they will lose status in the workplace, and, in the case of hourly workers, most probably their job.

"The huge disparity between men and women results partly from a lack of awareness, poor health education, and a paucity of male-specific health programs," explains Dr. Gremillion. "The costs, including the cost of caring for dependents left behind, is enormous."

**"More than one-half the elderly widows now living in poverty were not poor before the death of their husbands."
Meeting the Needs of Older Women:A Diverse and Growing Population,
The Many Faces of Aging, U.S. Administration on Aging**

Aging in America:

The poor health habits of men take a toll at early ages but the trend accelerates as men near retirement, causing them to rely on the public health care system (Medicare) sooner than women. The effect of poor health habits is reflected in higher mortality rates among aging men and the male-female ratio.

This higher mortality rate among aging men explains why women are more likely to live in poverty and rely on public care in their later years. The U.S. Administration on Aging has found that more than one-half the elderly widows now living in poverty were not poor before the death of their husbands. Other data reflect on the poor health and high mortality of aging men and the effect it has on spouses and loved ones:

**-115 males are conceived for every 100 females
-Male births outnumber female births, 105 to 100
-More newborn males die than females, 5 to 4
-Teenage boys die at 2x the rate of girls
-By age 36, women outnumber men
-By age 100, women outnumber men 8 to 1
The Weaker Sex, New York Times Magazine,
March 16, 2003**

-Compared with men, older women are three times more likely to be living alone...are nearly twice as likely to reside in a nursing home, and are more than twice as likely to live in poverty. (U.S. Administration on Aging)

-Of the more than 9 million older persons living alone, 80% are women (Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging (U.S. Administration on Aging)

-Since women live longer, and tend to marry men older than themselves, 7 out of 10 "baby boom" women will outlive their husbands - many can expect to be widows for 15 to 20 years. (Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging, U.S. Administration on Aging)

Possible Solutions:

What can be done to counter this pattern? In a recent article written for *The News and Observer*," Dr. Gremillion offers some advice(iii):

"Research has shown that women strongly affect the health decisions within families, and

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this includes emphasis on the health of their spouses and the younger males who are forming attitudes about healthy lifestyles. Women, spouses and others with a male in their life can help them understand the importance of healthy lifestyles and health-seeking behavior. By expressing concern, women give men "permission" to be momentarily weak and honestly express their vulnerabilities and feel more comfortable in the health care setting.

"Another recently study suggests that computers and the Internet offer men an anonymous, private manner of seeking health information in a venue that they feel comfortable with."

This, coupled with proactive government and workplace health programs, can go a long way toward encouraging healthy behaviors among men and reducing the health disparity between men and women.

For more health data, and to learn more about the aging population, go to:

MHN Reports: www.menshealthnetwork.org/reports/reports.html

MHN Library (search by keyword): www.menshealthnetwork.org/php/mhn_lib.php

i Physician's Weekly, September 3, 2001

ii Utilization of Ambulatory Medical Care by Women: United States, 1997-98, Centers for Disease Control and Prevention (CDC) National Center for Health Statistics Vital and Health Statistics, Series 13, # 149 : July 2001 : pages 12 & 15

iii Men's health needs a heartfelt change, June 17, 2001, The News and Observer, Raleigh, NC

Government Has A Role

Government has a legitimate role to play in increasing men's awareness of their health care needs and encouraging them to seek regular checkups and timely treatment for their health problems. The budget implications of poor health habits are striking when one considers the burden on society resulting from premature male mortality. That burden is reflected in the economic status of widows and dependents who often must rely on government programs to replace the lost income of a spouse or parent. Widows who fall into poverty after the death of their spouse must rely on food stamps, nursing homes, and other government programs to replace the income and assistance provided by their husbands.

Government policies that focus on prevention, encourage healthy behaviors, lower disability rates, and curb premature mortality are both cost effective and fiscally sound. Minority male disability and mortality, particularly among black men, has striking fiscal implications. While it has been thought that black men, with a life expectancy of 68.6 years, could not expect to receive social security benefits equal to their contribution to the system, recent studies (GAO 03-387, April 2003) add a new twist. Survivor benefits and disability payments to both the individual and dependents combine to provide low income blacks with a disproportionate share of Social Security income.

Government also has a legitimate role in the family life of men by lowering the barriers to father involvement following the dissolution of their families, thus insuring that men remain involved as role models and providers for their children.

-Every state has a Commission on Women, formed to promote awareness of women's health needs and to advance women's role in the workplace and in the family. Only two states have a corresponding Commission on Men (or Men's Health).

-Most states' department of health have advisory councils to guide them in the promotion of women's health concerns, breast cancer, cervical cancer, osteoporosis, and other diseases which disproportionately affect women. Few state health departments have advisory councils to advise them on men's health needs.

-Breast cancer and prostate cancer kill approximately the same number of people each year. While government has taken a proactive role encouraging screening for breast cancer in women, it has been slow to encourage the same precautions for prostate cancer. According to one health expert, by 1995, 46 states had passed legislation requiring insurance reimbursement for annual breast cancer screening but only two required reimbursement for prostate cancer screening. By 1998, 15 states provided reimbursement for prostate cancer screening, still 31 states short of the number providing reimbursement for breast cancer screening.

-On the federal level, Healthy People 2010, the government's blueprint for the nation's health during the next decade, provides over 30 specific health goals for women, but only one for men. This document is used by state and local departments of health as a guide when designing public health programs, including education and awareness, for the populations they serve.

-The health bill debated in Congress during 1993-1994 (H.R. 3600) provided that girls and women, beginning at puberty, would receive annual screenings for STDs, annual check-ups for female-specific health problems, and every-other-year mammograms beginning at age 50. Men and boys would not be screened for male-specific health problems, would not be checked for STDs, and would not receive even the most basic screening for prostate problems at any age.

-The National Committee for Quality Assurance (NCQA) is not a government agency, but does provide certification for managed health care plans. To score a health plan's performance, NCQA has developed the Health Plan Employer Data and Information Set (HEDIS), "...a set of standardized performance measures designed to...compare the performance of managed health care plans" The HEDIS criteria include several female-specific elements, but no male-specific elements. This means that, for certification, a healthcare plan must meet several specific requirements in the area of women's health, and none in the area of men's health.

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If government fails to recognize the health care needs of a segment of the population, it is not surprising that the same segment of the population places little value on the need for health care planning, prevention, or education.

In this publication, we offer samples of positive steps some states have taken to encourage healthy behaviors in men. We also offer samples of state and federal measures that have successfully facilitated father involvement with their children.

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Health Legislation

Office of Men's Health - Federal

(S 1028 and its companion HR 1734 were introduced in the 108th Congress)

108th CONGRESS

1st Session

S. 1028

To amend the Public Health Service Act to establish an Office of Men's Health.

IN THE SENATE OF THE UNITED STATES

May 8, 2003

Mr. CRAPO introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to establish an Office of Men's Health.

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 'Men's Health Act of 2003'.

SEC. 2. FINDINGS.

Congress finds as follows:

- (1) A silent health crisis is affecting the health and well-being of America's men.
- (2) While this health crisis is of particular concern to men, it is also a concern for women regarding their fathers, husbands, sons, and brothers.
- (3) Men's health is a concern for employers who pay the costs of medical care, and lose productive employees.
- (4) Men's health is a concern to Federal and State governments which absorb the enormous costs of premature death and disability, including the costs of caring for dependents left behind.
- (5) The life expectancy gap between men and women has increased from one year in 1920 to almost six years in 2001.
- (6) Prostate cancer is the most frequently diagnosed cancer in the United States among men, accounting for 30 percent of all cancer cases in men.
- (7) An estimated 180,000 men will be newly diagnosed with prostate cancer this year alone, and over 30,000 will die.
- (8) Prostate cancer rates increase sharply with age, and more than 70 percent of such cases are diagnosed in men age 65 and older.
- (9) The incidence of prostate cancer is significantly higher in African-American men and the resulting mortality rate is twice that in white men.
- (10) An estimated 7,500 men, ages 15 to 40, will be diagnosed this year with testicular cancer, and 400 of these men will die of this disease in 2003. A common reason for delay in treatment of this disease is a delay in seeking medical attention after discovering a testicular mass.
- (11) According to the Centers for Disease Control and Prevention, the rate of doctor visits for such reasons as annual examinations and preventive services is 100 percent higher for women more than for men.

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(12) Appropriate use of tests such as prostate specific antigen (PSA) exams and blood pressure, blood sugar, and cholesterol screens, in conjunction with clinical exams and self-testing, can result in the early detection of many problems and in increased survival rates.

(13) Educating men, their families, and health care providers about the importance of early detection of male health problems can result in reducing rates of mortality for male-specific diseases, as well as improve the health of America's men and its overall economic well-being.

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

(15) Establishing an Office of Men's Health is needed to investigate these findings and take such further actions as may be needed to promote men's health.

SEC. 3. ESTABLISHMENT OF OFFICE OF MEN'S HEALTH.

(a) IN GENERAL- Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by adding at the end the following:

OFFICE OF MEN'S HEALTH

SEC. 1711. The Secretary shall establish within the Department of Health and Human Services an office to be known as the Office of Men's Health, which shall be headed by a director appointed by the Secretary. The Secretary, acting through the Director of the Office, shall coordinate and promote the status of men's health in the United States.

(b) REPORT- Not later than two years after the date of the enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the Office of Men's Health, shall submit to the Congress a report describing the activities of such Office, including findings that the Director has made regarding men's health.

###

Commission on Men (or, Men's Health)

(Modeled after legislation in Georgia, New Hampshire, and Texas and a Commission on Fatherhood established in Florida)

NOTE: New Hampshire: HB 587 establishing a commission on the status of men passed the Legislature in April 2002 and was signed into law by Governor Shaheen.

Georgia: HB 1235 establishing a Commission on Men's Health was passed by the Legislature in 2000 and signed into law by Governor Barnes.

Bill Number: _____

A BILL TO BE ENTITLED

AN ACT

relating to the creation and operation of the Commission on Men.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF _____:

The Legislature makes the following findings:

(1) There is a silent health crisis affecting the health and well-being of (your state's) men;

(2) This health crisis is of particular concern to men, but is also a concern for women, and especially to those who have fathers, husbands, sons, and brothers;

(3) Men's health is likewise a concern for employers who lose productive employees as well as pay the costs of medical care, and is a concern to state government and society which absorb the enormous costs of premature death and disability, including the costs of caring for dependents left behind;

(4) The life expectancy gap between men and women has steadily increased from one year in 1920 to six years in 2000;

(5) Men die at higher rates for the top 10 causes of death;

(6) An estimated 180,000 men will be newly diagnosed with prostate cancer this year alone, of which almost 29,000 will die;

(7) The incidence of prostate cancer and the resulting mortality rate in African American men is twice that in white men;

(8) Studies show that women are 100% more likely than men to have regular physician check-ups and obtain preventive screening tests for serious diseases;

(9) Appropriate use of tests such as prostate specific antigen (PSA) exams and blood pressure, blood sugar, and cholesterol screens, in conjunction with clinical exams and self-testing, can result in the early detection of many problems and in increased survival rates;

(10) Educating men, their families, and health care providers about the importance of early detection of male health problems can result in reducing rates of mortality for male-

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specific diseases, as well as improve the health of (your state's) men and its overall economic well-being;

(11) Fatherlessness is a severe social problem and children who have a poor or non-existent relationship with their father are the largest users of state-funded juvenile services;

(12) A Commission on Men (or, Men's Health) is needed to investigate these findings and take such further actions as may be needed to promote men's health in this state.

SECTION __. Subtitle __, Title __, Government Code, is amended by adding Chapter __ to read as follows:

CHAPTER __. COMMISSION ON MEN (or, MEN'S HEALTH)

SUBCHAPTER A. GENERAL AND ADMINISTRATIVE PROVISIONS

Sec. __.001. DEFINITIONS. In this chapter, "commission" means the Commission on Men.

Sec. __.003. COMPOSITION OF COMMISSION. The commission consists of 12 members: four members appointed by the Governor with the advice and consent of the Senate; four members appointed by the presiding officer of the Senate; and four members appointed by the presiding officer of the house of representatives. Each member must be a medical or academic expert or community leader in the area of men's health or family involvement or an active member of an organization active in men's health or family involvement issues.

Sec. __.004. APPOINTMENT. (a) Appointments to the commission shall be made without regard to the race, color, disability, sex, religion, age, or national origin of the appointees.

(b) Appointments to the commission shall be made so that each geographic area of the state is represented on the commission.

Sec. __.005. TERMS. Members of the commission serve terms of two years.

Sec. __.006. OFFICERS; SUBCOMMITTEES. (a) The commission annually shall elect one of its members as presiding officer.

(b) The presiding officer of the commission may appoint subcommittees for any purpose consistent with the duties of the commission under this chapter.

Sec. __.007. COMPENSATION; EXPENSES. A member of the commission is not entitled to compensation, but is entitled to reimbursement from commission funds for the travel expense incurred by the member while conducting the business of the commission, as provided by the General Appropriations Act.

Sec. __.008. MEETINGS; PUBLIC ACCESS. (a) The commission may meet at the times and places that the commission designates.

(b) The commission shall develop and implement policies that provide the public with a reasonable opportunity to appear before the commission and to speak on any issue under the jurisdiction of the commission.

Sec. __.009. ANNUAL FINANCIAL REPORT. The commission shall prepare annually a complete and detailed written report accounting for all funds received and disbursed by the commission during the preceding fiscal year. The annual report must meet the reporting requirements applicable to financial reporting provided in the General Appropriations Act.

(Sections __.010 - __.030 reserved for expansion)

SUBCHAPTER B. POWERS AND DUTIES; FUNDING

Sec. __.031. GENERAL POWERS AND DUTIES OF COMMISSION. The commission shall:

(1) adopt rules as necessary for its own procedures;

(2) develop strategies and programs, including community outreach and public-private partnerships, designed to:

(A) raise public awareness of critical men's issues, including those health problems which disproportionately affect men and boys, and the importance of paternal influence in the family; and

(B) encourage the participation of men and boys in healthy behaviors, academic achievement, and family involvement;

(C) develop strategies, public policy recommendations, and programs, including community outreach and public-private partnerships, that are designed to educate (your state's) men and boys on the benefits of regular physician check-ups, early detection and preventive screening tests, and healthy lifestyle practices;

(3) organize community workshops to identify issues affecting men's health and family involvement;

(4) monitor state and federal policy and legislation that may affect the areas of men's health and family involvement;

(5) recommend assistance, services, and policy changes that will further the goals of the commission; and

(6) submit a report of its findings and recommendations under this chapter to the

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governor, the lieutenant governor, and the speaker of the house of representatives not later than October 1 of each year.

Sec. __.032. DONATIONS; APPROPRIATIONS; AUDIT. The commission may solicit and accept donations, gifts, grants, property, grants, or matching funds from a public or private source for the use of the commission in performing its functions under this chapter.

Sec. __.033. COMMISSION ON MEN ACCOUNT. The Commission on Men Account is created as an account in the general revenue fund. The commission shall remit all money collected under this chapter to the comptroller for deposit to the credit of the account. Money in the account may be appropriated only to the commission for administration of this chapter.

SECTION 2. The Commission on Men shall be appointed within six months of the effective date of this act.

SECTION 3. This Act takes effect _____, 20__.

Adopted by the Health and Human Services Task Force in 2003

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