

April 29, 2025

The Honorable Susan Collins  
Chair  
Committee on Appropriations  
U.S. Senate  
413 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Patty Murray  
Vice Chair  
Committee on Appropriations  
U.S. Senate  
154 Russell Senate Office Building  
Washington, DC 20510

Dear Chair Collins and Vice Chair Murray:

As you consider matters related to biomedical research for the upcoming hearing, “Biomedical Research: Keeping America’s Edge in Innovation,” we, the undersigned organizations—representing researchers, medical and professional societies, patients, and entities committed to women’s health—are writing to express on the record our strong support of continuing robust, prioritized, and integrated funding for women’s health research across the federal research enterprise.

For decades, women were excluded from clinical trials, resulting in persistent gaps in medical knowledge. It wasn’t until the 1990s that women began to be meaningfully integrated into research. Fortunately, thanks to bipartisan legislation, the establishment of key agencies and initiatives, and increased awareness, we have helped bridge the gap. But we are still far from equity. More must be done to close the women’s health research gap.

Women make up 51% of the U.S. population. They are responsible for 100% of births and often serve as the primary health care decision-makers and caregivers in their families. Despite this central role, women’s health remains underfunded and underprioritized in our national research agenda.

Closing this gap is important for the health and well-being of American women and their families, but it’s also a strategic investment. Research from Women’s Health Access Matters found that investing just \$300 million into women’s health across three diseases—rheumatoid arthritis, coronary artery disease, and Alzheimer’s disease—would yield \$13 billion in economic returns.<sup>1</sup> A 2024 McKinsey Health Institute report projected that “addressing the 25 percent more time that women spend in ‘poor health’ relative to men not only would improve the health and lives of millions of women but also could boost the

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<sup>1</sup> WHAM (Women's Health Access Matters). *The WHAM Report: Cross-Cutting*. Minneapolis (MN): WHAM; 2021 [cited 2025 Apr 25]. Available from: [https://thewhamreport.org/wp-content/uploads/2022/02/TheWHAMReport\\_crosscutting-compressed.pdf](https://thewhamreport.org/wp-content/uploads/2022/02/TheWHAMReport_crosscutting-compressed.pdf)

global economy by at least \$1 trillion annually by 2040...”<sup>2</sup> – which is likely a conservative estimate.

Yet, federal funding tells another story. A 2024 analysis into women’s health research at the National Institutes of Health (NIH) found that less than 9% of all NIH research grant spending from fiscal years 2013 – 2023 went toward women’s health research.<sup>3</sup> Globally, just 5% of research and development funding was allocated to women’s health research.<sup>4</sup> These figures reveal a disconnect between the potential impact of this research and our current investment.

As you consider how to maintain America’s leadership in biomedical research innovation, we urge you to keep the following women’s health priorities in mind:

### **Research on Biological Sex Differences**

Understanding how biological sex differences—such as sex chromosomes or hormones—between men and women affect health, disease progression, and treatment outcomes is essential for good science. Studying sex as a biological variable (SABV) enables more accurate and personalized treatments, reduces adverse drug reactions, and enhances health outcomes for all.

The NIH Office of Research on Women’s Health (ORWH) was instrumental in developing the NIH’s Policy on Sex as a Biological Variable, which set forth NIH’s expectation that SABV be included in research design, reporting, and analysis. Today, ORWH is responsible for advocating and promoting this policy’s implementation across the agency and provides critical training and resources to support the effective use of SABV.

However, the recent designation of the SABV guidance document<sup>5</sup> as a “historical document” and the removal of ORWH’s training modules, which provide researchers and trainers within the biomedical research community with the tools to account for and apply the SABV Policy in research and grant application writing, undermine progress. These

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<sup>2</sup> McKinsey Health Institute. *Closing the women’s health gap: a \$1 trillion opportunity to improve lives and economies* [Internet]. New York (NY): McKinsey & Company; 2024 [cited 2025 Apr 25]. Available from: <https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies#/>

<sup>3</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Assessment of NIH Research on Women’s Health. *A New Vision for Women’s Health Research: Transformative Change at the National Institutes of Health*. Geller A, Salganicoff A, Burke SP, editors. Washington (DC): National Academies Press (US); 2025 Feb 14. PMID: 39652697.

<sup>4</sup> Funding research on women’s health. *Nat Rev Bioeng*. 2024 Oct;2:797–8. doi:10.1038/s44222-024-00253-7. [cited 2025 Apr 25]. Available from: <https://doi.org/10.1038/s44222-024-00253-7>

<sup>5</sup> National Institutes of Health (US). *Consideration of Sex as a Biological Variable in NIH-funded Research: Guidance Document* [Internet]. Bethesda (MD): NIH Office of Research on Women’s Health; 2015 [cited 2025 Apr 25]. Available from: [https://orwh.od.nih.gov/sites/orwh/files/docs/NOT-OD-15-102\\_Guidance\\_508.pdf](https://orwh.od.nih.gov/sites/orwh/files/docs/NOT-OD-15-102_Guidance_508.pdf)

resources are essential for equipping researchers with the tools needed for rigorous, inclusive science. We encourage action be taken to restore this e-learning course immediately.

### **Preserving the Function of the HHS Offices of Women's Health**

The Offices of Women's Health across the U.S. Department of Health and Human Services (HHS) are key to ensuring the health and well-being of American women and their families. Codified by statute, they are responsible for coordinating, prioritizing, and advancing the unique health needs of women—both as patients and caregivers—across the lifespan.

Given the U.S. government's myriad research programs and initiatives, these offices ensure that women's health is not an afterthought, but a central component of federal policy and practice. Through the utilization of these offices, we can better integrate women's health into existing research initiatives, improve information-sharing and the utilization of best practices across entities, promote a more holistic understanding of women's health needs, and ultimately, ensure that our nation's research dollars are being spent as effectively and efficiently as possible.

As policymakers engage in conversations around HHS reorganization, preserving these offices' core functions and capacities will be critical.

### **Supporting the Next Generation of Researchers and Protecting America's Status as a Global Scientific Leader**

We recognize the importance of regular evaluations of federal entities' effectiveness and structure as part of good governance. However, America's strength in biomedical research has long relied on a well-supported scientific workforce. We are concerned that the scale of recent reductions in our nation's federal health workforce will undermine scientific progress and public health, which will have particularly devastating consequences for women's health. Between these reductions, funding uncertainties, and hiring freezes at colleagues and universities across the country, we risk setting back an entire generation of researchers and losing promising scientists across research disciplines.

We are especially concerned about the long-term impact on women's health, as women are already more likely to leave fields in science, technology, engineering, and mathematics (STEM) compared to women in other professions.<sup>6</sup> To retain our edge in innovation—not to mention our standing as a global scientific leader—we must support our nation's researchers and safeguard the infrastructure that supports their development and retention.

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<sup>6</sup> U.S. Equal Employment Opportunity Commission. *Special Topics Annual Report: Women in STEM* [Internet]. Washington (DC): EEOC; 2022 Jul 13 [cited 2025 Apr 25]. Available from: <https://www.eeoc.gov/special-topics-annual-report-women-stem>

## Protecting Women's Health Entities and Core Women's Health Initiatives

While many NIH Institutes and Centers (ICs) contribute to women's health, the ORWH and the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) are cornerstones for this work. ORWH collaborates closely with other NIH ICs and Offices to advance the prioritization of women's health across research portfolios, ensure the inclusion of women in research populations, and emphasize the consideration of biological sex as a factor in health and disease. The NICHD leads on gynecological and maternal health, including research on infertility, pregnancy, menopause, endometriosis, and uterine fibroids.

Together, these entities are essential in driving medical discoveries and improving health outcomes for women. Safeguarding funding and institutional capacity of these entities will preserve their potential to uncover critical insights that benefit not only women, but everyone – leading to a healthier, more productive society.

Just as important as safeguarding these institutions is safeguarding foundational research initiatives into the health of women.

Recently, it was announced that funding for the Women's Health Initiative (WHI)—the first and largest study into women's health—was slated for a funding cut at the end of the fiscal year. Fortunately, the administration reversed course, recognizing the value of the WHI in contributing to our understanding of women's health, but this cannot become a pattern; longitudinal studies must be protected to ensure continued progress.

The SWAN: Study of Women's Health Across the Nation is another such study. Co-sponsored by the National Institute on Aging (NIA), the National Institute of Nursing Research (NINR), the ORWH, and the National Center for Complementary and Alternative Medicine, SWAN was established in 1994 to study the physical, biological, psychological, and social changes during women's middle years. SWAN has greatly informed our understanding of women's health. Its findings have revealed differences in menopause timing and symptom severity across racial and ethnic groups,<sup>7</sup> the impact of menopause on cardiovascular health,<sup>8</sup> the link between menopause and mood disorders,<sup>9</sup> and much more.

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<sup>7</sup> Goldman L. *What Experts Want BIPOC Women to Know About Menopause* [Internet]. Everyday Health. 2024 May 15 [cited 2025 Apr 25]. Available from: <https://www.everydayhealth.com/menopause/what-experts-want-bipoc-women-to-know-about-menopause/>

<sup>8</sup> Study of Women's Health Across the Nation (SWAN). *Cardiovascular Risk & Heart Health in Women During and After Menopause* [Internet]. Pittsburgh (PA): University of Pittsburgh; [cited 2025 Apr 25]. Available from: <https://www.swanstudy.org/womens-health-info/cardiovascular-risk-and-heart-health-in-women-during-and-after-menopause/>

<sup>9</sup> Study of Women's Health Across the Nation (SWAN). *SWAN Researchers Evaluate the Risk for Elevated Depressive Symptoms in Postmenopause* [Internet]. Pittsburgh (PA): University of Pittsburgh; 2024 Apr 23 [cited 2025 Apr 25]. Available from: <https://www.swanstudy.org/risk-for-elevated-depressive-symptoms-in-postmenopause/>

Women's health research deserves robust funding, prioritization, and integration across the U.S. research landscape. Thanks to past efforts—bipartisan legislation, agency policies, and dedicated women's health entities—we've made meaningful strides and are closer to closing the women's health gap. But until women's health is fully embedded into the research mainstream, we have work to do.

Women's health is not a niche. It is a cornerstone of public health, scientific advancement, and economic prosperity. We urge Congress, along with our nation's policymakers, to reflect this reality in our federal policies, infrastructure, and research ecosystem.

If you have questions about the contents of this letter or wish to discuss this topic further, please contact Society for Women's Health Research (SWHR) President and CEO Kathryn Schubert at [kathryn@swhr.org](mailto:kathryn@swhr.org) or SWHR Chief Advocacy Officer Lindsey Miltenberger at [lindsey@swhr.org](mailto:lindsey@swhr.org).

Sincerely,

American Medical Women's Association  
American Psychological Association  
Endocrine Society  
Hadassah, The Women's Zionist Organization of America  
HealthyWomen  
National Alliance for Eye and Vision Research  
Society for Women's Health Research  
Women's Health Advocates  
Women First Research Coalition  
WomenHeart: The National Coalition for Women with Heart Disease