April 17, 2024

Dear Chairs Murray, Granger, Collins, and DeLauro:

We thank you for your continued efforts to fund and prioritize women’s health research. As leaders in the women’s health community, we urge you to prioritize women’s health research in the FY2025 appropriations process. Specifically, we are requesting a substantial funding increase for women’s health research that will advance health while generating significant economic returns that include five FY2025 appropriations bills:

- Department of Health and Human Services – National Institute of Health’s Common Fund and Office of Research on Women’s Health
- Food and Drug Administration – Women’s Health Center of Excellence
- Department of Defense – Congressionally Directed Military Research Program
- Veterans Affairs – Women’s gender-specific care
- Department of Commerce – National Science Foundation

Women’s health is defined as those diseases and conditions that solely, disproportionately, or differentially impact the health of women across their lifespans. As we detail below, women’s health has been chronically overlooked and underfunded, with significant consequences for women, their children, and the US economy. As women’s health innovators, entrepreneurs, funders, researchers, payors, healthcare providers, educators, and advocates spanning the entire women’s health innovation ecosystem, we have joined forces to share expertise, educate, and advocate to address the many unmet health needs facing women. We support the recent White House Initiative on Women’s Health Research and the bipartisan Congressional efforts to enhance women’s health research and would like to be a resource to you as you work to craft the FY2025 appropriations bills and related policies.

We thank Congress for being instrumental in addressing women’s health disparities over the past three decades: enacting the landmark NIH Revitalization Act in 1993 that mandated the inclusion of women and people of color in clinical research, requiring consideration of sex as a biological variable (SABV) in pre-clinical trials in 2016, and establishing the Autoimmune Office within the Office of Research on Women’s Health (ORWH) in 2023. Despite these initial strides toward increasing diversity and inclusion in clinical trial research, significant challenges remain. Some examples include:

- Heart disease – the number one killer of women – disproportionately impacts women after menopause. Heart attacks are harder to recognize, diagnose, and treat in women, which results
in increased rates of emergency room visits, death, and development of related chronic conditions and disabilities. Women are twice as likely to die following an emergency room admission for this condition due to misdiagnosis, according to NIH.

- Conditions that uniquely impact women, such as endometriosis, polycystic ovarian syndrome (POS), and certain pregnancy complications like preeclampsia, further increase the risk that women will develop some form of heart disease within the next 30 years of their life. These conditions collectively impact over 30% of women, and yet we have limited means for diagnosing and treating them, according to NIH.

- Two-thirds of Alzheimer’s patients and 80% of autoimmune disease patients are women, according to the CDC.

- The mortality rate for ovarian cancer patients is 50%, which is the highest of any sex-specific cancer. Furthermore, non-smoking related lung cancers have risen 84% in women while dropping 36% among men over the past 42 years, according to the NCI.

- Pregnancy also poses unique health challenges to women, and many pregnancy complications lead to lifelong increased risks for metabolic, cardiovascular, musculoskeletal, and mental health conditions for mothers, as well as significant long-term impacts on their children and families. As a result, we continue to face unnecessarily high maternal morbidity and mortality rates.

Furthermore, socioeconomic determinants and race amplify disparities. For example, Black women are three times more likely to die from a pregnancy-related cause than White women, according to the CDC.

The reasons for many of these sex-based differences remain unknown and under-studied. More research and new innovations are vital to providing better treatments, diagnostics, and devices to close these gaps. Increased investment in women’s health research would not only increase scientific knowledge and advancements to improve health outcomes for women throughout the lifespan, but also generate significant return on investment to the economy. Women not only are disproportionately impacted by many diseases and chronic conditions, but also comprise 80% of health caregivers, both in and out of the home. Women also play an increasingly vital role in our armed services and overall workforce. Every $1 invested in women’s health is projected to return $3 to economic growth, according to the 2023 McKinsey report, *Closing the Women’s Health Gap: A $1 trillion Opportunity to Improve Lives and Economies*. Within the United States, doubling the NIH grant funding in four key areas of health (heart, brain, autoimmune and lung cancer) would total $350 million and produce $14 billion ROI, according to the 2020 Rand Corporation report commissioned by Women's Health Access Matters (WHAM).

Therefore, we urge you to provide substantial funding increases in five appropriations bills in FY2025 for programs dedicated to funding critical research in women’s health as follows:

- Add $500 million to the NIH Common Fund within the Labor, Health and Human Services and Education Appropriations bill focused on women’s health research and innovation, increasing the FY23 budget of $735 million to $1.235 billion

- Double the funding for the NIH Office of Research on Women’s Health from FY24 budget of $76.48 million to $153.9 million within the Labor, Health and Human Services and Education Appropriations bill
• Establish a $10 million FDA Center of Excellence on Women’s Health Innovation within the Agriculture, Rural Development, Food and Drug Administration and Related Agencies Appropriations bill that functions like the Oncology Center of Excellence, ensures clinical trial design is representative of disease impact in the broader population, and includes a fast track process in women’s health

• Create $50 million Women’s Health Research Program within the DoD Congressionally Directed Medical Research Program within the Defense Appropriations bill and require an annual report to Congress of the amount and percentage of funding for women’s health research within the agency

• Include $13.7 billion for women Veterans’ healthcare, including $1.1 billion toward women’s gender-specific care within the Military Construction and Veterans Affairs Appropriations bill

• Establish a $10 million NSF Women’s Health Innovation Program within the Commerce, Justice and Science Appropriations bill dedicated to computer science, Artificial Intelligence (AI), and/or engineering to support research and development within digital technologies to advance the health of women in recognition of the historical exclusion of women limiting accuracy of data used in AI to ensure bias that can be harmful is eliminated

Lastly, we ask that you embrace an interagency approach to women's health. Encouraging all federal departments supporting innovation and conducting research to share their data and resources to accelerate the development of scientific knowledge, research, and medical advancements that improve the health of women.

Thank you for your consideration. If you have any additional questions or need further justifications for the above request, please feel free to contact Liz Powell at lpowell@G2Gconsulting.com.

Sincerely,

List organizations first

Then list individual signatures