

IMPROVING OUTCOMES FOR WOMEN WITH AUTOIMMUNE DISEASES AND CONDITIONS: A CALL TO ACTION

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Autoimmune diseases are a group of more than [80 chronic and often disabling diseases](#) that develop when the immune system mistakenly attacks the body's own healthy organs, tissues, and cells. According to the [U.S. Department of Health and Human Services](#), autoimmune diseases are a leading cause of death and disability, and their treatment costs are estimated to be greater than [\\$100 billion annually](#).

Women are disproportionately affected by autoimmune diseases, representing [80% of patients](#) diagnosed with autoimmune diseases, though gender ratios differ among individual diseases. Furthermore, as stated in a 2022 Society for Women's Health Research (SWHR) commentary in [Women's Health Issues](#), "the burden of disease is arguably greater in women owing to gender and cultural influences that have psychosocial effects and create expectations of caregiving for children, partners, and parents who may suffer from these chronic conditions."

According to the [National Institutes of Health](#) (NIH), autoimmune diseases affect up to 23.5 million people in the United States, or 8 percent of the U.S. population, though some groups estimate that closer to [50 million Americans](#) are affected. [Recent evidence](#) from the NIH has shown that the prevalence of autoimmune biomarkers is increasing in the United States, and globally the rates of autoimmune disease cases are rising by



between [3–9% each year](#) — signifying the great imperative to make autoimmune diseases and conditions a national policy priority.

SWHR is committed to working with its partners in the autoimmune space to raise awareness about the disproportionate impact of autoimmune diseases and conditions on women and to drive policy change to improve women's health outcomes across the lifespan. SWHR's past work in autoimmune diseases and conditions has sought to [address the burden](#) of autoimmune and immune-mediated skin diseases in women; provide patient toolkits for women living with autoimmune conditions, including [lupus](#) and [psoriatic arthritis](#), to improve health and quality of life outcomes; and share information about the [implications of utilization management](#) policies for women with autoimmune diseases and conditions.

SWHR's policy agenda, *Improving Outcomes for Women with Autoimmune Diseases and Conditions: A Call to Action*, builds upon SWHR's previous work in autoimmune diseases and conditions and highlights how the implementation of key policy measures spanning areas from research to health care access and coverage could yield tremendous benefits that lower health care costs, improve health care quality and access, advance health equity, and improve outcomes. This policy agenda is intended to serve as a roadmap for policymakers, outlining key areas of policy need that could improve both health and quality of life outcomes for women affected by autoimmune diseases and conditions.

Note: [Immune-mediated inflammatory diseases \(IMIDs\)](#) are diseases where the causes and mechanisms of action are not fully understood, but a malfunction of the immune system is involved. [Autoimmune diseases](#) are a subset of IMIDs and are characterized by antigen presence. For the purposes of this document, "autoimmune diseases" refers to diseases and conditions across both classifications.



There is vast opportunity when it comes to the generation of evidence around autoimmune diseases and conditions. Despite the growing prevalence of autoimmune diseases and conditions, much about autoimmune diseases and conditions remains unknown, including what causes them.

Increasing federal research efforts in this space is critical. Recognizing this need, in 2019 Congress called for the NIH to contract with the National Academies of Sciences, Engineering, and Medicine (NASEM) “to assess NIH research activities on autoimmune diseases with a particular emphasis on the risk factors, diagnostic tools, barriers to diagnoses, treatments, and prospects for cure” as well as “the occurrence of multiple autoimmune diseases in individuals and the interplay of the diseases with co-morbidities.” This directive culminated in 2022 report, “[Enhancing NIH Research on Autoimmune Disease.](#)” SWHR appreciates the Congressional prioritization that has elevated this important conversation. We encourage Congress to provide support for the implementation of the report’s findings.

SWHR champions targeted investments in autoimmune research and research on sex as a biological variable related to autoimmune diseases and conditions; research into areas, including, but not limited to, the role hormonal changes play in autoimmune risk and symptom severity, the biological and environmental mechanisms that affect autoimmune incidence and outcomes across different racial and ethnic populations, and factors that predispose individuals to these diseases; and robust annual funding increases for federal research and public health agencies to ensure they have the capacity to carry out their respective missions, improve the knowledge base, and drive progress forward.

I.

Prioritize Autoimmune Research Across the Research Continuum

As the rates of autoimmune diseases and conditions in the United States continue to rise, it will be increasingly important to provide robust and sustained funding for research that could improve our understanding of disease pathology, improved diagnostic tools, and potential new treatments and interventions. While research into autoimmune diseases and conditions is needed broadly, SWHR — building off of the NASEM report recommendations — supports funding additional research within the following areas:

- The mechanisms influencing the increasing incidence of autoimmune diseases and conditions across the globe, such as the potential role of environmental toxins
- The role of biological sex on the development of autoimmune disease, symptom manifestation, and symptom severity
- Factors that can regulate immune response, including stress, obesity, diet, and the microbiome
- Risk factors for autoimmune diseases and conditions across different racial and ethnic groups
- The intersection between mental health conditions and autoimmune disease
- Sex differences in target organ susceptibility to immune-mediated damage
- Long-term, population-based epidemiology studies into trends, risk factors, and cost of autoimmune diseases and conditions
- Innovative diagnostic tools and potential barriers to diagnoses
- The role of viral triggers, including [long COVID](#), in the development of autoimmune diseases and conditions
- The role of hormones on autoimmune symptom outcomes, including during life stages, such as pregnancy and menopause

II.

Implement Policies to Meaningfully Improve Diversity in Clinical Trials

It is well-documented that certain populations — including [women](#) and [racial and ethnic minority populations](#) — have historically been underrepresented in clinical trials. While problematic in and of itself, underrepresentation can be particularly problematic for clinical trials for autoimmune diseases and conditions. For example, systemic lupus erythematosus (lupus, or SLE) [disproportionately affects women, African Americans, and Latinos](#), and significant health disparities in care and treatment exist. A 2022 editorial in [ACR Open Rheumatology](#) found that white patients, who constitute 33% of prevalent lupus cases, represent 51% of lupus clinical trial participants, whereas Black patients comprise only 14% of trial participants despite making up 43% of prevalent lupus cases. Further, a recent study in [Autoimmunity Reviews](#) has demonstrated that many autoimmune diseases disproportionately impact racial and ethnic minorities, demonstrating the need for improved data on the prevalence of autoimmune diseases and conditions in these populations.

Tackling autoimmune diseases and conditions is dependent on understanding genetic and environmental mechanisms of disease and identifying treatments and interventions that work for everyone, regardless of sex, gender, race, or ethnicity. Therefore, recruiting and retaining a diversity of patient populations within clinical trials is essential.

SWHR supports the passage of legislation, such as the [Diversifying Investigations Via Equitable Research Studies for Everyone \(DIVERSE\) Trials Act](#), that aims to increase diversity in clinical trials as well as the implementation of policies that:

- Seek to improve the recruitment and retention of underrepresented and marginalized populations in clinical trials
- Critically assess clinical trial exclusion criteria to ensure that it will not inadvertently omit members of the treatment population for whom the intervention is intended to serve
- Create mechanisms — with input from key stakeholders — for internal and external accountability, including monitoring efforts to engage communities in clinical trials
- Provide education around the importance of participating in clinical trials

III.

Identify a Universal Definition of and Develop Common Data Elements for Autoimmune Diseases and Conditions

As noted by [Johns Hopkins Medicine](#), “Scholars may disagree on the criteria that need to be fulfilled to consider a disease ‘autoimmune’ (i.e., caused by autoimmune mechanisms).” Further, autoimmune diseases and conditions can have many subtypes and variants (e.g., juvenile, classic, and idiopathic mixdema thyroiditis). As a result of the complexity surrounding autoimmune diseases and how they are classified differently across different stakeholders (e.g., organ-specific versus systemic), there can be confusion about what constitutes autoimmunity and therefore, our ability to effectively research it. Ensuring that a universal definition of autoimmune diseases is created and that the same terminology is used to describe different disease characteristics (e.g., pain) will be critical for allowing researchers to effectively study these diseases and conditions.

SWHR supports the creation of a universal definition of autoimmune diseases as well as the development of common data elements to allow for better tracking across systems and for enhanced capability to monitor trends.

IV.

Create a Comprehensive National Autoimmune Registry

Registries are tools that are used to store detailed information about people with a specific disease or condition. Among the most well-known registries is the National Cancer Institute’s (NCI) [Surveillance, Epidemiology, and End Results \(SEER\) Program](#), which “collects and publishes cancer incidence and survival data from population-based cancer registries covering approximately 48 percent of the U.S. population.” In 2020, the [Autoimmune Registry, Inc. \(ARI\)](#), a nonprofit, published a comprehensive list of autoimmune diseases. ARI was created to provide researchers easy access to the latest literature and information about autoimmune diseases. Having such a resource at the federal level could provide exceptional surveillance and enhanced capability to analyze, interpret, and disseminate autoimmune statistics.

SWHR supports the creation of a federal autoimmune registry housed at the NIH to serve as a national resource on autoimmune disease prevalence in the United States.

Prioritizing Autoimmune Diseases and Conditions at the Federal Level

According to the [Autoimmune Association](#), “Spending on autoimmune diseases as a percent of overall NIH obligations has remained at only 2.6 percent between 2013 and 2020. This is in marked contrast to increases seen in overall NIH obligations during the same period. The relatively small percentage of funding devoted to research and how it distributed could be a significant factor in hampering scientific progress.”

SWHR strongly supports increased, targeted investments in autoimmune disease research across the federal government to increase our collective understanding of these conditions. In August 2022, SWHR convened an interdisciplinary roundtable of researchers, clinicians, policy experts, and patient advocates in the autoimmune space to discuss policy gaps and opportunities. Among the items that were discussed over the one-day roundtable were the potential new federal opportunities in the autoimmune space, including an Office of Autoimmune Disease at the NIH and the Advanced Research Projects Agency for Health (ARPA-H), and specifically, how each of these entities could best serve autoimmune patients across the country.

NIH Office of Autoimmune Disease

The congressionally-mandated 2022 NASEM report, “[Enhancing NIH Research on Autoimmune Disease](#),” found that “extraordinary work related to autoimmune disease has been undertaken” at the NIH but that “major barriers to the NIH’s ability to maximize outcomes of this research portfolio is the variation found in [Institutes and Centers (ICs)] strategic plans regarding autoimmune diseases and most significantly, the absence of a research plan that spans all ICs to provide an overall strategic NIH plan for autoimmune diseases.” The Committee for the Assessment of NIH Research on Autoimmune Diseases recommended creating an Office of Autoimmune Disease/Autoimmunity Research within the Office of the Director of NIH.

While the Office of Autoimmune Disease/Autoimmunity Research has not been created in statute, SWHR supports the creation of an Office of Autoimmune Diseases, as autoimmune diseases are a growing women’s health issue in the United States. Working group members agreed that this Office could serve an important role, which involves but is not limited to:

- Placing an important spotlight on autoimmune diseases and conditions
- Increasing funding being spent on this research
- Serving as a centralized hub that could coordinate, oversee, and better facilitate the direction of research being conducted across NIH ICs
- Developing a strategic plan that incorporates the patient voice in a meaningful way
- Better understanding where the research is being done, what it is being done on, what gaps are being missed, how patients are being involved
- Coordinating across agencies, including the Centers for Disease Control and Prevention, the Department of Veterans Affairs, and the Department of Defense

ARPA-H

In March 2022, Congress passed legislation authorizing the establishment of ARPA-H within the U.S. Department of Health and Human Services. ARPA-H was a proposal of the Biden Administration and will aim to improve the U.S. government’s ability to speed biomedical and health research.

Within this new agency, there are vast opportunities to prioritize research in women’s health across the lifespan, including on autoimmune diseases and conditions. SWHR supports the recommendation of the National MS Society that ARPA-H establish a patient advisory group to ensure that the big ideas and initiatives undertaken by ARPA-H are the ones that are important to patients.

Frequently, autoimmune diseases and conditions, including, but not limited to, lupus, rheumatoid arthritis, and Crohn’s disease, are “invisible” illnesses, characterized by symptoms, such as fatigue, joint pain and swelling, and brain fog. This can cause challenges with [personal and professional relationships](#) and in carrying out everyday activities. Further, these symptoms can affect individuals’ ability to work, leading to presenteeism, absenteeism, or even unemployment.

There is a need for greater education and awareness surrounding these conditions in order to improve quality of life for those living with autoimmune diseases.



I. Encourage Flexible Workplace Policies

While the [Americans with Disabilities Act](#) (ADA) requires employers to provide reasonable accommodations for those who have disclosed an autoimmune diagnosis and the [Family and Medical Leave Act](#) (FMLA) entitles eligible employees of covered employers up to 12 weeks of protected unpaid leave each year to recover from their own health conditions, incorporating certain workplace policies can help support employees with autoimmune conditions. This may include providing a telework option, flexible scheduling, and private spaces in the office for taking medical calls or to rest.

SWHR supports incentivizing flexible workplace policies to allow those with autoimmune diseases and conditions to excel in the workplace.

II. Promote Health Literacy Across Federal Public Health and Research Agencies

A [2021 review](#) by researchers at the Keck School of Medicine at the University of Southern California (USC) found that minority populations in the United States with multiple sclerosis (MS) and other autoimmune diseases experience poorer outcomes due to social determinants of health. As stated in a USC press release, “The data indicate that when it comes to MS and [neuromyelitis optica spectrum disorder (NMOSD)], Black and Latino Americans — who traditionally have lower income, education, and health literacy — are more likely to experience health disparities, such as greater disease severity and faster disease progression than white Americans.” Further, the data showed that negative illness perception is associated with racial and ethnic health disparities.

Lead researcher Lilyana Amezcua, MD, in an article for [Health IT Analytics](#) said that this review, combined with previous studies on perceptions of illness, demonstrates the importance of perception on treatment: “What we learned from these studies is that education can change this...and that perceptions are modifiable with the right intervention that promotes health literacy.”

SWHR encourages the U.S. Department of Health and Human Services to revisit its 2010 [National Action Plan to Improve Health Literacy](#) to see which elements may be in need of revising and encourages all federal agencies to take steps to improve health literacy across communities, including exploring how they develop and share public health information.

I.

Incentivize the Creation of Multi-Disciplinary Care Teams to Promote Wellness Across the Lifespan

Given the complexity and progressive nature of autoimmune diseases and conditions, coverage needs to be holistic, and it needs to consider long-term chronic care. Creating this kind of model includes ensuring that autoimmune patients have access not only to their rheumatologist, but also to other providers who may be part of someone's care paradigm, including physical therapists, nurses, dieticians, occupational therapists, and mental health providers. However, coverage limits can present challenges for how many services patients are able to receive in a year under a given insurance plan.

SWHR supports insurance policies that accommodate the needs of holistic autoimmune care, including greater caps on the benefits insurance companies will pay in a year on a given insurance plan, and that allow access to affordable whole-person, integrated team-based care.

II.

Improve Electronic Health Record (EHR) Interoperability to Enhance Patient Access

Health information technology (health IT) has played an evolving role in the U.S. health care system, including the use of EHRs. [Research has shown](#) that EHRs can “improve quality of care, patient outcomes, and safety through improved management, reduction in medication errors, reduction in unnecessary investigations, and improved communication and interactions among primary care providers, patients, and other providers involved in care.” While EHR adoption has much improved, there is work to be done when it comes to interoperability. Patients experience multiple challenges related to EHR systems, including, but not limited to, the use of multiple portals to access information from each of their health care providers.

SWHR supports policies that seek to improve EHR interoperability, standardize data collection and input, and integrate records across health care systems and providers.

III.

Expand Clinical Education to Increase Awareness of Autoimmune Diseases and Conditions

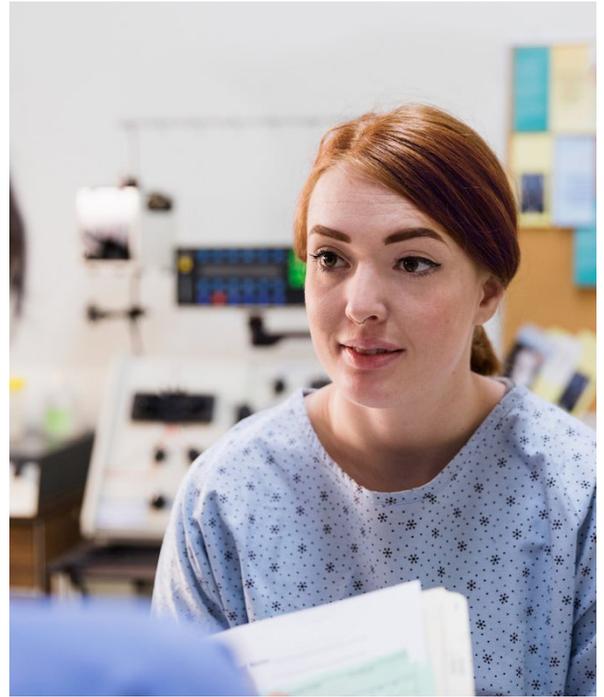
Women with autoimmune diseases and conditions often face challenges with their diagnosis. According to the [Autoimmune Association](#), “On average, it takes three years and four physicians to reach an accurate diagnosis of an autoimmune disease.” Some autoimmune conditions, such as lupus, do not have a diagnostic test, and many autoimmune diseases [have similar symptoms](#) to other diseases.

To improve the path to diagnosis, there needs to be an increased focus on the autoimmune content taught within medical programs as well as on efforts to address the gender bias in care. A 2021 study in the [Journal of Pain](#) found that a patient's pain response may be perceived differently by others, and treatments may be prescribed differently, based on their gender. Among the study's findings were that female patients were typically perceived to be in less pain than male patients despite the same level of pain expressiveness and pain self-report; female patients' pain was underestimated relative to actual self-reported pain, whereas men's pain relative to self-report was overestimated; and female patients were perceived as more able to benefit from psychotherapy versus medication. In a national survey conducted by the [National Pain Report](#), 84% of women felt they had been treated differently by doctors because of their sex, and [research](#) has also shown that women are more likely to wait longer to receive pain medication

Especially considering the specialist workforce shortages, including in rheumatology, SWHR supports expanding clinical education to a broader spectrum of providers to both improve recognition of the indications of autoimmune diseases and conditions and expedite referrals to a specialist for diagnosis. Further, SWHR supports providing evidence-based training to remove pre-existing biases in the delivery of care.

Currently, there is no cure for autoimmune diseases, so treatment focuses on managing symptoms and slowing the progression and negative impacts of the disease. Finding an effective treatment quickly is key for improving not only health outcomes but also quality of life.

The National Pharmaceutical Council’s (NPC) 2022 [The Myth of Average](#) report revealed that “a patient’s coverage for a prescribed medication is likely to vary substantially based on their insurer,” with variation in the consistency, volume, and types of evidence cited by major commercial payers in their coverage policies. Too often, coverage decisions are made outside of clinical and economic evidence and, as described in a 2022 commentary by SWHR in [Women’s Health Issues](#), without a holistic review of disease burden, including consideration of the caregiver burden that disproportionately affects women’s health and quality of life.



I.

Ensure Federal Policies Do Not Harm Women with Autoimmune Diseases and Conditions from Accessing the Care They Need

Soon after the June 2022 Supreme Court ruling in *Dobbs v. Jackson Women’s Health Organization*, there were reports of [women losing access](#) to methotrexate, a immunosuppressant drug prescribed to millions of Americans to treat rheumatic illness. Methotrexate, while used to treat conditions including rheumatoid arthritis, inflammatory bowel disease, and psoriasis, can also be used off-label to end ectopic pregnancies. The implications of women losing access to this necessary medication are vast; without access to the preferred and most effective medication — or a suitable replacement in a timely manner — patients could suffer irreversible damage to organs and joints.

SWHR encourages policymakers to take swift action to ensure that women with autoimmune diseases and conditions do not lose access to medically necessary treatments in order to treat their illnesses and do due diligence to ensure that federal policies do not unnecessarily restrict access to the care women need.

II.

Modify Utilization Management (UM) Policies to Support Patients’ Needs and Wellness Throughout Their Care Journeys

For autoimmune patients — who experience different types and severity of symptoms, and who have different needs — delays in care can be devastating, resulting in disease progression and higher costs over time. Two UM tools that can be particularly problematic for autoimmune patients are *step therapy*, a policy that requires a patient to try and “fail” a lower-cost treatment before the patient is able to access the treatment originally prescribed or recommended by their physician, and prior authorization, a process that requires the review and approval of a specific procedure, service, or drug before it is prescribed.

Step therapy protocols, though intended to control the costs and risks associated with prescription medicines, often result in [delayed access to effective treatment](#), adverse patient reactions, and unintended downstream health care costs. [Studies have shown](#) that step therapy can impact medical adherence and negatively affect patient outcomes.

Additionally, prior authorization requirements can be [burdensome to providers](#) and delay patient access to necessary care, particularly for patients with chronic and rare disease who rely on innovative and complex biologics to manage their condition.

SWHR supports putting common-sense guardrails in place when it comes to UM in order to protect the health and well-being of patients. These include:

- Ensure that patients who switch insurance plans do not have to “fail” the same drug twice
- Ensure an expedited appeals process in place so patients don’t have to wait 30 days for health plans to respond
- Ensure transparency from insurance companies to patients as to why they may be required to go through the prior authorization process multiple times

To put these guardrails in place, SWHR supports the passage of the [Safe Step Act](#) and the [Improving Seniors’ Timely Access to Care Act](#).

III.

Incentivize Physicians to Practice Rheumatology

According to the [2015 American College of Rheumatology \(ACR\) Workforce Study](#), adult rheumatology providers will decline by 25% by 2030, leading to a demand that exceeds supply by 102%. The study found that in order to meet growing patient demand, the United States will need more than 4,700 additional adult rheumatologists. As noted in a [fact sheet](#) from the ACR, “This problem is compounded by maldistribution, where patients in less populated areas are particularly impacted by this shortage.”

SWHR encourages identifying policy measures to grow the physician workforce and identify ways to promote involvement in rheumatology. One example of this type of measure includes the bipartisan Resident Physician Shortage Reduction Act (H.R. 2256/S. 834). As [summarized by ACR](#), the legislation “would increase the number of Medicare-supported direct graduate medical education and indirect medical education medical resident training positions by 14,000 over 7 years...and specifically support rheumatology by requiring that 50% of the additional slots added each fiscal year be directed to a shortage specialty residency program like rheumatology.”

IV.

Expand Access to Telehealth Services

During the COVID-19 pandemic, telehealth service utilization increased significantly among both [privately-insured patients](#) and [Medicare beneficiaries](#), demonstrating the role this service could play in improving access to care. Applied to autoimmune diseases and conditions, telehealth has the potential to improve access and improve outcomes. Telehealth has the potential to reduce some of the burdens associated with accessing care (e.g., living in a rural area, having limited mobility, lacking the transportation or support needed to see a provider, or serving as an informal caregiver for an autoimmune disease patient). Additionally, a [2020 study found](#) that telehealth was a feasible alternative for managing autoimmune hepatitis and that “psychiatric problems, pregnancy-related issues, and drug-side effects could all be managed remotely by telehealth.”

SWHR supports policies that make accessing telehealth services easier. This includes, but is not limited to, [policies that were implemented](#) during the COVID-19 pandemic, such as allowing telehealth services to be delivered across state lines and providing greater flexibility under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for providers to use everyday technology for virtual health care visits.

SWHR recognizes that the ability to receive telehealth is dependent on the ability of communities to access high-speed internet and broadband infrastructure. Therefore, SWHR supports state and federal action, such as the [U.S. Department of Agriculture ReConnect Program](#), to invest in these capabilities so that people in rural and tribal communities can access the care they need.

V.

Provide Multi-Year Funding to Support Patient Navigator Programs

Too often, the burden is on the patient to understand different insurance policies and understand what is and what is not working for them. Patient navigators, who provide personalized guidance for patients in navigating the health care system and overcoming barriers to access services, can help address this. In 2021, the U.S. Centers for Medicare and Medicaid Services (CMS) [announced](#) that it would offer \$80 million in grants for the 2022 insurance plan year to 60 eligible organizations, but according to a 2021 article from [Health Affairs](#), “CMS intends to fund the navigator program at \$80 million each year, for a total of \$240 million,” through the 2024 plan year, “although this amount will be subject to availability.”

SWHR supports providing multi-year funding for the patient navigator programs in order to allow for greater consistency and sustainability across these programs and for greater certainty for patients who rely on these services for navigating their care, which is often complex.

VI.

Ensure Health Plans are Transparent about Patients’ Overall Contributions to Any Out-of-Pocket Maximum or Cost-Sharing Requirement

Accumulator adjustment programs prevent any co-payment assistance for high-cost specialty drugs from being counted toward a patient’s deductible or out-of-pocket maximum. When patients who are unaware they are enrolled in these programs learn that they have to pay the full cost of their medication (psoriasis biologics, as one example, can cost between [\\$40,000 to \\$50,000 per year](#)), it may result in them abandoning or delaying their prescription. Research has shown that these programs may affect specialty drug use; a [2019 study](#) found that after implementation of a co-pay accumulator adjustment program, patients with health savings accounts who are on autoimmune drugs had significantly lower monthly fill rates, higher risk of discontinuation, and lower proportion of days covered.

SWHR supports the [Arthritis Foundation’s recommendation](#) that health plans include any amounts paid by the patient or paid on behalf of the patient by another person when calculating a patient’s overall contribution to any out-of-pocket maximum or any cost-sharing requirement.

This policy agenda, [Improving Outcomes for Women with Autoimmune Diseases and Conditions: A Call to Action](#), was informed by an Autoimmune Policy Roundtable convened by SWHR in August 2022, but the views expressed within are those of SWHR. The Roundtable brought together an interdisciplinary group of experts working throughout research, policy, clinical care, and patient advocacy.

About SWHR

The Society for Women’s Health Research (SWHR) is a national nonprofit and thought leader dedicated to promoting research on biological sex differences in disease and improving women’s health through science, policy, and education. Founded in 1990 by a group of physicians, medical researchers, and health advocates, SWHR is making women’s health mainstream by addressing unmet needs and research gaps in women’s health. Thanks to SWHR’s efforts, women are now routinely included in most major medical research studies and more scientists are considering sex as a biological variable in their research. Visit www.swhr.org for more information.

