

**SOCIETY FOR WOMEN’S HEALTH RESEARCH FISCAL YEAR 2026 OUTSIDE  
WITNESS TESTIMONY**

PREPARED FOR HOUSE APPROPRIATIONS COMMITTEE SUBCOMMITTEE ON  
LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES

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The Society for Women’s Health Research (SWHR)—a more than 30-year-old national nonprofit dedicated to advancing women’s health through science, policy, and education while promoting research on sex differences to optimize women’s health—is pleased to submit testimony for fiscal year (FY) 2026 addressing the **National Institutes of Health (NIH)**, the **NIH Office of Research on Women’s Health (ORWH)**, and the **NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)**.

Over the past several months, the U.S. public health and scientific research infrastructure has experienced drastic changes, particularly with respect to the federal health workforce. There have also been renewed discussions surrounding potential reorganization of entities across the U.S. Department of Health and Human Services (HHS). While SWHR recognizes the value of regular examinations of our scientific institutions as part of good governance, SWHR urges members of Congress to ensure that any future changes to these institutions—whether to their funding, programming and initiatives, or workforce—be approached with thoughtful consideration and a deep understanding of the value of the investments made by the federal government toward the health of women and families. Overhauling the federal research enterprise too quickly may bypass critical input of key stakeholders across the public health and scientific communities and government officials and, importantly, allows little to no time for course correction.

As Congress considers the future of U.S. health and research institutions in FY 2026 appropriations, SWHR urges policymakers to recognize the critical role of sex differences and women’s health research across the research continuum and to provide robust funding for the agencies driving this vital work. Specifically, SWHR requests that appropriators provide at least **\$51.303 billion for the NIH base budget**; at least **\$83,363,200 for the ORWH**; and **\$1.891 billion for the NICHD**.

**ORWH:** For more than 30 years, ORWH has worked across and beyond NIH to advance our understanding of factors influencing women’s health and disease. Core to ORWH’s work is ensuring that sex as a biological variable (SABV) is considered in research design, analysis, and reporting and partnering with NIH Institutes and Centers (ICs) to support programs conducting sex differences research.

***Sex differences research is a cornerstone of fundamental biological science.*** It studies how biological and physical differences between males and females affect health, disease, and treatments. It tells us how factors, such as sex chromosomes or hormones, may influence the development or progression of a given medical condition or how men and women may respond uniquely to interventions like medications or therapies. While this work is critical for advancing

women's health, it is equally essential for improving men's health. Ultimately, sex differences research is central to conducting effective, efficient research by allowing for more accurate research results and data that can lead to more precise, personalized, and effective treatments. It's good science and a smart, strategic investment in better health outcomes.

ORWH plays a vital role in advancing this field. Today, the Office leads and supports this work in the following ways:

- Provides grants and funding opportunities to support research that investigates how sex differences impact disease progression, treatment effectiveness, and health outcomes
- Collaborates with NIH ICs to ensure that research studies include both male and female subjects and analyze sex-based differences
- Supports studies on conditions that disproportionately affect women while also investigating how findings can apply to men's health
- Provides training programs, workshops, and resources to help scientists incorporate sex-based considerations into their research

SWHR requests **\$83,363,200 for ORWH in FY 2026** to support new and existing initiatives that support women's health research as well as the following related report language:

*ORWH.*—The Committee recommends \$83.363 million in base funding for the Office of Research on Women's Health. ORWH plays a vital and unique role in integrating women's health research and sex differences in health and disease into the NIH scientific framework, helping to optimize health outcomes for women across their lifespan. The Committee remains dedicated to ensuring ORWH has the necessary resources to elevate women's health research across NIH Institutes and Centers while advancing its mission.

Housed within ORWH, SWHR also supports renewed and increased investments in the Office of Autoimmune Disease Research (OADR), as 80% of patients diagnosed with autoimmune diseases and conditions are women. SWHR believes that OADR funding should be supplemental to the funding provided to ORWH, allowing each of the entities to have the funding necessary to build on their existing portfolios and tackle major research priorities.

**NICHD:** The NICHD was established to study human development across the lifespan. While it is widely recognized for its work in child health, NICHD serves as a key hub for women's health research. Its portfolio spans critical areas such as gynecological and maternal health, including research on infertility, pregnancy, menopause, endometriosis, and uterine fibroids.

One area within NICHD's portfolio that directly contributes to closing longstanding gaps in women's health is the Institute's work related to the inclusion of pregnant and lactating women in clinical trials. While more than 3.6 million women give birth in the United States each year, women are often excluded from clinical trials, which leaves a dearth of data about the effects of different interventions on both mom and baby. This leaves health care providers and women and their families to make health care decisions with limited to no information. Data shows that

although 90% of pregnant women take at least one prescription or over-the-counter medication during their pregnancy,<sup>1</sup> 70% of FDA-approved medications have no human pregnancy data, and 98% have insufficient data to determine risk to the infant.<sup>2</sup>

NICHD houses important programs that aim to improve our knowledge on key women's health issues. For example, NICHD's Maternal and Pediatric PREcision in Therapeutics (MPRINT) Hub provides expertise in developing safe and effective treatments for pregnant women, breastfeeding mothers, and children. The Hub was created to gather, share, and expand knowledge in maternal and pediatric therapeutics, helping researchers, regulators, and drug developers improve treatments. It also creates new tools and strategies to speed up advancements in this important field.

Yet, there is still work to be done. NICHD last year used the \$200,000 allocated by Congress to convene its Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC) Implementation Working Group of Council, which was tasked with monitoring and reporting on how the PRGLAC Task Force's recommendations are being implemented. The Implementation Working Group released its report on implementation progress in July 2024.<sup>3</sup> The report concluded that "with more time and additional resources, more progress can be made to realize the actionable steps outlined in the 2020 PRGLAC Implementation Plan" and noted the importance of monitoring progress to sustain momentum.

SWHR calls on Congress to provide at least **\$1.891 billion for NICHD in FY 2026** so the Institute can continue its important research into human development across the lifespan. Additionally, SWHR supports the following report language request of the Coalition to Advance Maternal Therapeutics (CAMT), for which SWHR serves as Chair:

*Pregnant and Lactating Women in Clinical Research.* – The Committee remains concerned about the lack of pregnant and lactating women in clinical research. Women with chronic health conditions lack access to appropriate treatments during pregnancy, putting both them and their infants at risk. Despite 90 percent of women taking at least one medication during pregnancy, only 5 percent of medications have data on the impact of the medications during pregnancy. The Committee continues to provide \$200,000 to the Eunice Kennedy Shriver National Institute of Child Health and Human Development for activities related to the implementation of the Pregnant Women and Lactating Women Advisory Committee's recommendations to better integrate pregnant and lactating women in clinical research, placing emphasis on conducting priority research projects on existing medications and therapeutics prescribed to pregnant and lactating women. The Committee requests an update in the fiscal year 2027 congressional justification on this effort.

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<sup>1</sup> Ke, A. B., Greupink, R., & Abduljalil, K. (2018). Drug dosing in pregnant women: Challenges and opportunities in using physiologically based pharmacokinetic modeling and simulations. *CPT: Pharmacometrics & Systems Pharmacology*, 7(2), 103–110. <https://doi.org/10.1002/psp4.12274>

<sup>2</sup> Ibid.

<sup>3</sup> Report on Implementation Progress (2024). Task Force on Research Specific to Pregnant Women and Lactating Women Implementation Working Group of Council: National Institute of Child Health and Human Development. [chrome-extension://efaidnbmninnibpcjpeglclefindmkaj/https://www.nichd.nih.gov/sites/default/files/inline-files/PRGLAC\\_Progress\\_Report.pdf](chrome-extension://efaidnbmninnibpcjpeglclefindmkaj/https://www.nichd.nih.gov/sites/default/files/inline-files/PRGLAC_Progress_Report.pdf).

**NIH:** NIH remains the United States' premier medical research agency and the largest source of funding for biomedical and behavioral research in the world, and it's a critical umbrella under which ORWH and NICHD are housed. SWHR supports the broader scientific community's request of at least **\$51.303 billion for the NIH for FY 2026**, in addition to support for the Advanced Research Projects Agency for Health (ARPA-H). This would represent a \$4.222 billion (or 9%) increase over final FY 2024 funding levels.

Funding the NIH is a strategic investment that fuels the U.S. economy, accelerates groundbreaking medical discoveries, and improves health outcomes—including for women, who have historically been excluded and underrepresented in research. NIH funding supports jobs across the biomedical sector, drives innovations that lead to new treatments and cures, and reduces long-term health care costs by advancing prevention and early detection strategies.

Safeguarding NIH's funding and institutional capacity is necessary for the health of all Americans, including women, who make up 51% of the population. NIH's funding of basic, clinical, and translational research on diseases and conditions that differently, disproportionately, or solely impact women across the lifespan not only improves the quality of care provided to this population, but it also uncovers critical insights that benefit everyone, ensuring a healthier, more productive society.

SWHR requests the following report language with respect to NIH:

*Women's Health Research Interdisciplinary Fund* -- The Committee recognizes the need for increased, sustained, and integrated investment in women's health research at the NIH and supports the creation of a central fund within the Office of the Director to support interdisciplinary women's health research with a focus on innovation and accelerating biomedical discoveries on diseases and conditions that differently, disproportionately, or exclusively affect women. The Office of Research on Women's Health should advise on what topics this funding should support while prioritizing trans-institute and center research. This fund would incentivize institutes and centers to prioritize women's health research and collaborate in an interdisciplinary way to address the most pressing research gaps. The Committee allocates \$200 million to establish the women's health research fund and requests an annual report on the research supported by the fund.

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SWHR appreciates the opportunity to submit this testimony and thanks the Subcommittee for considering the above requests. If you have questions or need additional information, please contact SWHR Chief Advocacy Officer Lindsey Miltenberger at [lindsey@swhr.org](mailto:lindsey@swhr.org). We look forward to working with you to advance women's health research in FY 2026 appropriations legislation.