

Women First Research Coalition

WFRC First Quarter 2025 Activities Update

Legislative Activities

Update on Fiscal Year 2025 Appropriations

On March 15, the President <u>signed</u> a continuing resolution (CR) that funds the government through September 30, the end of the fiscal year. The bill was touted as "clean" CR to extend the previous fiscal year's funding levels without any changes or additions; however, the bill includes some significant changes.

- The bill <u>cuts</u> funding for nondefense programs and services by \$13 billion while increasing defense spending by \$6 billion compared to FY 2024 enacted levels.
- The CR funds the NIH at the same appropriated amount as FY 2024; however, the
 mandatory funding for the BRAIN initiative authorized by 21st Century Cures Act
 continues to be phased out and is not backfilled in the CR. Therefore, NIH funding in FY
 2025 will be \$48.2 billion, a reduction of \$280 million from FY 2024 levels.
- The CR cuts the DoD's Congressionally Directed Medical Research Program by 57 percent.

2025 Virtual Hill Day

The WFRC held a successful virtual hill day on March 7. Staff scheduled 24 meetings with Hill staff which were attended by 10 representatives of the WFRC member organizations. WFRC's goals for the virtual hill day were to ask Congress to support WFRC's federal funding priorities, educate members of Congress about WFRC and the need for increased funding for women's health research; and develop relationships with Members of Congress and their staff. Specifically, the WFRC asked Congress to –

 Include WFRC's report language on NIH Women's Health Workforce Training, and an NIH Women's Health Interdisciplinary Fund

WFRC Report Language Requests for Fiscal Year 2026

WFRC developed two report language requests for Fiscal Year 2026. The first request is for a Women's Health Research Interdisciplinary Fund at the NIH Office of the Director, to be funded at \$200 million for the first year. The 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 second request is for continued support of the NIH women's health research workforce programs, including the Building Interdisciplinary Research Careers in Women's Health (BIRCWH), the Women's Reproductive Health Research (WRHR) program, and the Research Scientist Development Program (RSDP).

Agency Activities

Confirmation of New Health Officials

President Trump quickly nominated and the Senate confirmed several senior health officials. Robert F. Kennedy Jr. (RFK) was confirmed to be the Secretary of HHS, Dr. Jay Bhattacharya

was confirmed as the Director of the NIH, and Dr. Marty Makary was confirmed to be the FDA Administrator. The original nominee for the CDC Director, David Weldon, had his nomination withdrawn over concerns with his vaccine skepticism. Susan Monarez, the acting director for the CDC, has been officially nominated to lead the CDC.

Administrative Actions

After the January 20 confirmation, the Department of Health and Human Services (HHS) announced a communications freeze, which also froze hiring and travel. While there has been some resumed communications, the freeze remains largely in place across HHS.

Several HHS agencies, including CDC, FDA and NIH, removed datasets and clinical guidance documents to ensure that they were in compliance with President Trump's executive orders on gender and on DEI. A judge required the data to be restored.

On January 27, the Office of Management and Budget (OMB) released a memo to freeze all federal aid, grants and loans. A court ordered an administrative stay and OMB has since rescinded the memo, although a review of federal funding continues.

In early February, the NIH announced a cap of indirect costs at 15 percent that would have gone into effect immediately. A judge put a temporary restraining order on the action and the matter continues to be adjudicated in the courts.

HHS Reorganization

On Friday, March 28, Secretary Kennedy <u>announced</u> a major reorganization of HHS. The restructuring will reduce HHS's workforce by another 10,000 individuals after another 10,000 employees accepted the administration's early retirement offer. Additionally, HHS' 28 divisions will be consolidated into 15.

While many HHS agencies will be restructured, the National Institutes of Health (NIH) will not be subject to formal restructuring based on the information currently available. NIH will lose an additional 1,200 individuals and certain functions across the agency will be centralized, including procurement, human resources, and communication. The institutes and centers functions for travel, ethics, legislative affairs, and grants management will also be centralized within the Office of the Director. NIH also plans to make the Center for Scientific Review responsible for all grant reviews completely removing this function from individual institutes and centers.

Funding Opportunities from NIH I/Cs

Since the start of the new administration, NIH has been reviewing existing grant awards and has frozen the release of new funding opportunities to ensure that all awards are consistent with this administration's policies on diversity, equity, and inclusion and gender identity among others. We will not be including current funding opportunities in this update since it is not clear what remains current.