AUGS FY 2027 Appropriations Requests

Funding Request

The American Urogynecologic Society (AUGS) respectfully recommends at least $51.303 billion for the National Institutes of Health (NIH) for fiscal year (FY) 2027, which would represent a $4.087 billion or 8.7% increase over the enacted funding level for NIH in FY 2026. Aligned with this request, we call for an increase to NICHD, bringing its funding to $1.923 billion in FY 2027.

Justification

Our community is deeply grateful for the longstanding bipartisan support for NIH, including the federal investment in FY 2026 that included an increase of $415 million (0.9%) despite the challenging fiscal environment. However, the funding level represents the third consecutive year that NIH's funding level has lagged behind inflation. The medical research community consistently has promoted sustained, predictable growth for NIH to ensure that resources keep pace with scientific opportunity to improve health. To meet that goal, over the years, distinguished leaders and experts in medical research have recommended a funding level that exceeds inflation by 4-6%. This funding recommendation for NIH's base budget considers the biomedical research and development price index or BRDPI (which in general terms indicates how much money is needed to purchase the same amount of biomedical research as the year before) and allows for additional growth beyond that level. For FY 2027, BRDPI is projected to be 2.7%, so the FY 2027 recommendation of at least $51.303 billion for NIH's base budget aligns with these longstanding recommendations by allowing NIH's base budget to keep pace with BRDPI and promoting meaningful growth of 6%.

We have the same inflationary concerns with NICHD funding levels and therefore urge Congress to fund NICHD at $1.923 billion for FY 2027. In addition to these concerns, women's health research is woefully underfunded. Between 2013 and 2023, approximately 8% of NIH grant funding went to support women's health research; of that, just 2% went to non-obstetric conditions—leaving major gaps for disorders that affect women across the lifespan, particularly after their reproductive years, even though older women are the fastest-growing segment of the U.S. population.

NICHD has been a global leader in biomedical, behavioral, and social research to improve the health and wellbeing of women, children, and people with disabilities. Increased funding will allow NICHD to sustain and expand vital research on issues such as preterm birth, maternal mortality, adolescent mental health, and impacts of exposures over the life course. As NICHD is the institute with the largest portion of its budget spent on women's health research (37%), we encourage Congress to ensure that NICHD receives an increase in funding to invest in this necessary research.

Report Language Requests

To further support women's health research and strengthen the physician-scientist workforce, AUGS respectfully requests that you include our proposed language in the report accompanying the FY 2027 Labor-HHS appropriations bill. Our language would ensure there are investments in women's health research across the lifespan and would support existing NIH research training programs, including the Building Interdisciplinary Research Careers in Women's Health (BIRCWH), the Women's Reproductive Health Research (WRHR) and the Research Scientist Development Program (RSDP).

Report Language Request #1

National Institutes of Health
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Urogynecologic and Pelvic Floor Research Across the Female Lifespan

The Committee requests that NICHD dedicate funding to gynecologic research beyond reproduction, including studies on pelvic floor disorders (PFDs) such as accidental bowel leakage, urinary incontinence, and pelvic organ prolapse. The Committee urges NICHD to fund research that explores the cost and quality-of-life implications of untreated PFDs, as well as the physiology, biomechanics, and hormonal influences on pelvic floor function. Given that PFDs are complex, multifactorial conditions influenced by anatomical, physiological, genetic, lifestyle, and reproductive factors, research should also examine the role of aging and hormonal changes in disease progression and treatment response.

Further, the Committee urges NICHD to support research on the postpartum and postmenopausal periods, recognizing that hormonal processes influence genitourinary and pelvic floor health in unique ways. Emphasis should be placed on understanding the long-term effects of postpartum and menopausal transitions on mental health, genitourinary, and reproductive ecosystems and developing innovative strategies for PFD prevention, treatment, and rehabilitation.

Justification:

Over the past decade, research funding for chronic health conditions impacting millions of Americans has been decreasing continuously. Women's chronic health conditions, such as pelvic floor disorders (PFDs), receive disproportionately less funding compared to the number of individuals they impact. Urogynecologic disorders, including PFDs, affect 25 million individuals annually. One in four women faces a PFD in their lifetime, and the rate increases with age, with higher prevalence among women over the age of 65.

AUGS recognizes that while there has been an increased focus women's health research, the research dollars allocated to women's healthcare still is disproportionate to the population given that women make up more than half the U.S. population and about half the workforce. Women are more likely than men to be caregivers and make 80% of all health care decisions. Federal research dollars continue to underfund studies focused on women, even among diseases that affect women most of all. This is, quite simply, inefficient science. The cost of pelvic floor disorders to society—both in healthcare expenses and patient out-of-pocket costs—amounts to billions of dollars annually, therefore this level of funding is inadequate. For example, each year, over $12 billion is spent on stress urinary incontinence alone, with patients paying 70% out-of-pocket for routine care costs for pads, diapers, laundry, and dry cleaning. This funding disparity has led to significant gaps in research and treatment for conditions that are increasingly prevalent and predominantly affect women, particularly those outside the reproductive years. The recent National Academies of Sciences, Engineering, and Medicine report*: A New Vision for Women's Health Research: Transformative Change at the National Institutes of Health* (2025) recommends a $15.7 billion investment in women's health and sex differences research over the next five years.

As the institute with the largest portion of its budget spent on women's health research (37%), NICHD plays a pivotal role in ensuring that women's pelvic floor research across the lifespan

receives the attention and funding to ensure the health and quality of life of aging women in our society.

Specifically, NICHD should address research gaps focused on postpartum and postmenopausal health. Without targeted research in these areas, many women will continue to suffer from preventable PFD complications that significantly impact quality of life. Gaps in research include the effect of lactation on genitourinary ecosystem, including microbiome, immune system, and hormonal influences, particularly as they relate to the menopausal transition. Investigating these factors will help inform prevention, treatment, and rehabilitation strategies for common but under-researched PFDs. Additionally, there is a need to expand the research focus on postpartum maternal health conditions to include the long-term impact of pregnancy and childbirth on PFDs. Addressing these issues within the framework of lifelong wellness aligns with existing approaches to rehabilitation in other medical fields, such as orthopedics.

We commend NICHD for recognizing perimenopause as a critical research window, but research for postmenopausal health to address conditions uniquely affecting this growing population is lacking. This is especially concerning since post-reproductive and geriatric women are the fastest growing segment of the population.

Report Language Request #2

National Institutes of Health
Office of the Director

Support for the Women's Health Research Workforce

The Committee recognizes that providing mentorship and training opportunities to physician scientists in fields foundational to women's health, such as the obstetrics, gynecology, and reproductive sciences is critical to maintain a strong women's health research workforce. The Committee notes the success of existing training programs at the NIH, administered by NICHD and ORWH, and urges expansion of these programs to attract researchers and support career pathways for scientists and physician-scientists through all stages of a researcher career dedicated to women's health. The Committee includes $10.87 million, an increase of $870,000, for the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) and $3.261 million, an increase of $261,000 for the Women's Reproductive Health Research (WRHR), and directs NIH to provide an update in the FY 2028 CJ on the research activities and the number of new women's health researchers supported by these programs, as well as the Research Scientist Development Program (RSDP) in FY 2027.

Justification:

Developing and sustaining the careers of physician-scientists is essential, particularly as the number of researchers and providers with a focus on women's health care continues to decrease. The NIH administers successful career development programs – the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program, Women Reproductive Health Research (WRHR) Career Development program, and the Research Scientist Development Program (RSDP) – that should be supported and strengthened to promote interdisciplinary science and support the

future research workforce. Without a robust women's health research workforce, advances in women's health issues will lag, and health outcomes will decline.

Women contribute approximately $7.6 trillion annually to the United States gross domestic product, and this does not include indirect contributions from unpaid work and caregiving. Time out of work related to preventable health conditions in women accounts for billions of dollars in lost productivity each year. Unfortunately, the health of women in the United States lags that of women in other high-income countries. In the United States, women were largely excluded from medical research until 1993, and this has led to persistent gaps in the understanding, prevention, and treatment of conditions that predominantly impact women. The United States has not poised itself to make progress on these issues, as there are disproportionately fewer women's health researchers compared to conditions that predominantly affect men, and less funding dedicated to conditions that impact women when compared to conditions that impact men.

Current research funding and workforce levels are inadequate, given the expected population increase. Approximately only 8% of NIH grant budget is allocated to women's health research. This leads to fewer high-quality studies to advance women's health, and fewer opportunities for women's health researchers to receive funding. With fewer competent women's health researchers, there is increased risk of burnout and attrition.

Funding and fostering a women's health research workforce can decrease the gaps in health outcomes noted between women in the United States and women in other high-income countries. Training women's health researchers can help regain the ground lost from being left out of medical research for decades.