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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. RES. _____

Recognizing that equity, diversity, and inclusion in federally funded health research is necessary to enhance scientific excellence, and ensure equitable outcomes for patients in the United States.

IN THE HOUSE OF REPRESENTATIVES

Mrs. DINGELL submitted the following resolution; which was referred to the Committee on _____

RESOLUTION

Recognizing that equity, diversity, and inclusion in federally funded health research is necessary to enhance scientific excellence, and ensure equitable outcomes for patients in the United States.

Whereas, on May 29, 2026, the White House Office of Management and Budget published a proposed rule that would expand their authority in policymaking for Federal agencies and allow the Office of Management and Budget to circumvent congressional authority;

Whereas the proposed rule builds off an Executive Order signed by President Donald J. Trump in August 2025, which directed Federal agencies to give political ap-

pointees oversight of grants to ensure that they ''advance the President's policy priorities'';

Whereas the proposed rule would expand the authority of the Office of Management and Budget, politicize control of Federal grants, de-emphasize peer review, place more restrictions on meeting attendance for grant holders, limit collaborations between federally funded United States scientists and overseas colleagues, and restrict Federal financial support for the publication of results by United States scientists in scientific journals;

Whereas more than 230 research universities and affiliated academic medical centers and research institutes, said that ''the proposed changes would effectively dismantle a framework that has supported basic and applied research in the United States and add unnecessary restrictions, requirements, and substantial burden that will hamper United States leadership and competitiveness'';

Whereas the proposed rule would, for all Federal agencies, prohibit Federal funds for bilateral or multilateral collaborations, agreements, programs, or activities with certain foreign countries or entities;

Whereas the proposal would disallow researchers from using Federal grants to cover costs associated with publication, ''including article-processing charges, fees that many journals charge authors to make articles freely available'';

Whereas existing policy requires all federally funded research to be made free to read as soon as it is published;

Whereas, historically, United States research grants have been managed by career civil servants, many of them scientists, who conducted peer reviews alongside expert scientists from recognized organizations including acad-

emies, scientific and professional societies, and academic institutions;

Whereas, according to the American Society for Biochemistry and Molecular Biology, the peer-review system is a rigorous process intended to ensure that applications for funding are based on scientific merit and innovation;

Whereas the proposed rule would require senior political appointees to review every discretionary grant before it is awarded, and would forbid political appointees from routinely deferring to peer review recommendations by panels;

Whereas the proposed rule would codify and expand the authority of Federal agencies to terminate active grants mid-award if they are deemed ''inconsistent with program goals or agency priorities'';

Whereas agencies would not be required to provide a process for researchers to appeal a termination;

Whereas the proposed rule would prohibit the use of Federal funding for research on diversity, equity, and inclusion, as well as gender, disproportionately impacting funding for projects that focus on underserved and underrepresented communities and for scientists from these backgrounds;

Whereas the Trump administration's fiscal year 2026 budget request proposed eliminating has indicated its intention to remove the National Institute on Minority Health and Health Disparities, which focuses on groups that tend to have poorer health outcomes;

Whereas, according to data from the United States Census Bureau, women make up approximately 50.5 percent to 51.1 percent of the population of the United States;

Whereas, until the 1990s, nearly all health research was conducted on men, as women were excluded from most clinical trials;

Whereas researchers had previously assumed that they could apply the results of their male-only study to females, which overlooked fundamental differences between women and men, such as the vast majority of studies on aging that fail to account for the impact of menopause on age-related conditions;

Whereas cardiovascular disease is the leading cause of death among women, yet women have historically been underrepresented in cardiovascular research and are more likely to experience delayed or missed diagnoses because diagnostic criteria, symptom recognition, and treatment approaches were largely developed based on male populations;

Whereas people of color have historically been underrepresented in clinical trials and other medical development research;

Whereas individuals with lighter skin have historically been the default baseline for assessing medical devices and treatments, as evidenced by multiple studies that found pulse oximeters, which help guide essential care decisions, overestimated oxygen saturation to a greater degree in Black patients than in White patients;

Whereas disparities in access to medical advancements can lead to disparities in health outcomes and life expectancy;

Whereas the National Institutes of Health Policy and Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research requires racial and ethnic categories to be used when reporting population data;

Whereas health disparities have economic costs for the entire Nation, and a 2018 study found that racial health disparities alone cost $421,000,000,000 to $451,000,000,000 in excess medical care expenses, lower labor force productivity, and premature death;

Whereas Black, LGBTQ, and women patients routinely experience discrimination from health care providers;

Whereas more representation in the health care workforce may contribute to the research and training of health professionals who contribute to the overall health of the United States, and restricting federally funded research related to diversity is likely to reshape the health of all Americans;

Whereas high-quality research on communities most impacted by health disparities is necessary to close gaps in health outcomes for these communities; and

Whereas the purpose of clinical research is to understand how the human body works, and in order for research to be useful it should reflect all of the populations it intends to help, regardless of their background, gender, religion, ethnicity, sexuality, disability, or socioeconomic status, has access to opportunities to contribute: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes that equity, diversity, and inclusion in federally funded health research is—

(A) necessary to enhance scientific excellence, and ensure equitable outcomes for patients in the United States; and

(B) essential to address the full range of health challenges we face in the United States;

(2) recognizes and is committed to addressing systemic barriers in federally funded research projects for underserved and underrepresented communities such as bias in funding, publication, and representation;

(3) opposes arbitrary and politically-motivated efforts to impede the science-based, meritorious review process of federally funded research projects that has made the United States the leader in health innovation for decades; and

(4) urges the administration to maintain the longstanding, apolitical, science-backed peer review process.