



OCTOBER 2026

# Strategic Update 2026

Our first-cycle impact and an invitation  
to help shape what comes next.

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Prepared for our Founders Circle,  
donors and supporters

[womenshealthpac.us](https://womenshealthpac.us)

## OUR COMMUNITY

# What your support made possible

To our Founders Circle, donors and supporters:

With the 2026 midterm elections upon us, we want to reconnect, share what your support made possible and invite your input on WHPAC's next chapter.

Since launching in May 2024, this community has helped organize women's health as a bipartisan political constituency, supporting 16 federal candidates, bringing leaders together and building a network committed to better care, coverage and research. As we look toward 2028, we want to build on that foundation with your ideas and involvement.

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## At a Glance

**First cycle candidate support:** WHPAC provided financial support to 16 federal candidates across both parties. Fifteen appeared on the 2024 ballot, and 11 won their races. Sen. Lisa Murkowski was not on the 2024 ballot and continues to serve in the Senate. Together, those 11 winners and Murkowski account for the 12 WHPAC-supported leaders currently serving in Congress.

**Financial stewardship:** Since launching in May 2024, this community generated more than \$250,000 for WHPAC. FEC filings report \$251,991.75 in total disbursements through June 30, 2026, including \$52,800 in direct candidate support.

**Documented legislative participation:** Members financially supported by WHPAC have taken sponsorship and cosponsorship roles in bipartisan legislation addressing menopause and midlife health, maternal health and access to clinical trials. These measures remain in the legislative process and have not received final passage.

**A stronger candidate review process:** WHPAC has begun organizing congressional voting records, sponsorship activity and policy leadership into a more structured framework for evaluating potential candidates in the 2026 cycle.

**Looking toward 2028:** WHPAC is beginning preparations for the next presidential election cycle and invites community input on future candidates, women's health priorities and involvement.

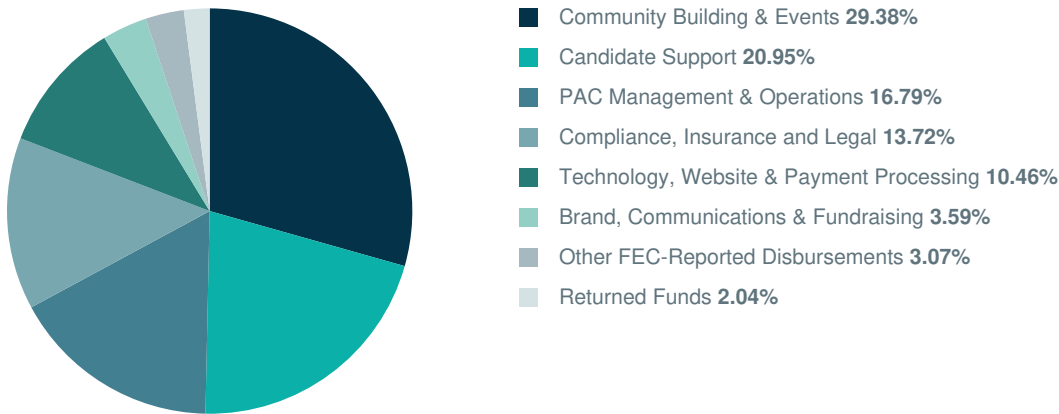
**Reengaging our community:** This update begins a more consistent period of communication with our Founders Circle, donors and supporters. Share your ideas and interest in participating at [info@womenshealthpac.us](mailto:info@womenshealthpac.us).

FINANCIAL OVERVIEW

# Where the resources went

Since launching in May 2024, this community generated more than \$250,000 for WHPAC.

FEC filings report \$251,991.75 in total disbursements through June 30, 2026. The chart below shows how those disbursements were allocated, with returned funds and other FEC-reported disbursements shown separately.



| Category                                 | Amount       | Share   |
|------------------------------------------|--------------|---------|
| Community Building & Events              | \$74,030.07  | 29.38%  |
| Candidate Support                        | \$52,800.00  | 20.95%  |
| PAC Management & Operations              | \$42,311.37  | 16.79%  |
| Compliance, Insurance and Legal          | \$34,576.87  | 13.72%  |
| Technology, Website & Payment Processing | \$26,363.65  | 10.46%  |
| Brand, Communications & Fundraising      | \$9,034.21   | 3.59%   |
| Other FEC-Reported Disbursements         | \$7,725.58   | 3.07%   |
| Returned Funds                           | \$5,150.00   | 2.04%   |
| Total                                    | \$251,991.75 | 100.00% |

Reporting period: May 8, 2024 through June 30, 2026. Source: Federal Election Commission filings for committee C00878918.

**FINANCIAL OVERVIEW**

# What the categories include

**Community Building & Events**

Event venues, catering, production, photography, event-related travel, supplies, shipping and supporter engagement.

**Candidate Support**

Direct contributions of \$3,300 each to 16 federal candidates.

**PAC Management & Operations**

Consulting and related expenses supporting WHPAC's management, administration and operations.

**Compliance, Insurance and Legal**

Compliance refers specifically to FEC compliance services; this category also includes insurance, legal counsel, registrations, taxes and filing fees.

**Technology, Website & Payment Processing**

Payment-processing and banking fees, website design and technical support, domains, platforms and software subscriptions.

**Brand, Communications & Fundraising**

Printing, press-release distribution, marketing, fundraising support and branded materials.

**Other FEC-Reported Disbursements**

Includes \$7,564.69 reported as Other Disbursements and \$160.89 reported as Other Federal Operating Expenditures. These amounts were not individually itemized in the Schedule B exports.

**Returned Funds**

Amounts returned from WHPAC's non-contribution account. These are included in FEC-reported disbursements but do not represent candidate support or organizational operating expenses. WHPAC is a hybrid PAC with separate contribution and non-contribution accounts. Funds in the non-contribution account cannot be used for direct contributions to candidates.

01 CANDIDATE SUPPORT

# First-cycle support and results

**What we did.** In our first cycle, WHPAC contributed \$3,300 to each of 16 federal candidate committees, deploying a total of \$52,800 in direct candidate support. Our bipartisan slate included six Senate leaders and ten House leaders: Democrats and Republicans, women and men.

We evaluated candidates against WHPAC's core principles, including access to comprehensive care, gender equity, public education on women's health, research and innovation, bipartisan collaboration and responsiveness to community needs.

**Where they are today.** Fifteen of the 16 candidates WHPAC supported appeared on the 2024 ballot, and 11 won their races. Sen. Lisa Murkowski was not on the 2024 ballot and continues to serve in the Senate. Together, those 11 winners and Murkowski account for the 12 WHPAC-supported members currently serving in Congress.

| Currently serving in the Senate | Currently serving in the House | Not currently serving in federal office                                                                |
|---------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------|
| Tammy Baldwin (D-WI)            | Emilia Sykes (D-OH)            |                                                                                                        |
| Lisa Murkowski (R-AK)           | Andrea Salinas (D-OR)          | Lori Chavez-DeRemer (R-OR), who did not win her House race and later served as U.S. secretary of labor |
| Jacky Rosen (D-NV)              | Gabe Vasquez (D-NM)            |                                                                                                        |
| Ruben Gallego (D-AZ)            | Zach Nunn (R-IA)               | Sherrod Brown (D-OH)                                                                                   |
| Angela Alsobrooks (D-MD)        | Marcy Kaptur (D-OH)            | Susan Wild (D-PA)                                                                                      |
|                                 | Juan Ciscomani (R-AZ)          | Yadira Caraveo (D-CO)                                                                                  |
|                                 | Tom Suozzi (D-NY)              |                                                                                                        |

**Why it matters.** WHPAC's first cycle demonstrated that women's health can serve as a basis for bipartisan candidate support. It also created a clear baseline for evaluating what supported leaders do once in office, including their sponsorship, cosponsorship and leadership on women's health legislation.

“It is critical that we increase access to quality, life-saving healthcare for women. The Women's Health PAC has been a proud champion and advocate for women across the country, and I’m proud to have their support.”  
— Rep. Emilia Sykes (D-OH)

## 02 EVENTS

# We built the room that did not exist

**What we did in 2024.** In our first year, WHPAC convened seven events nationwide, drawing more than 600 attendees from Washington, DC; New York; the Hamptons; Pittsburgh; San Francisco; Menlo Park; and Boston—bringing together founders, investors, clinicians, researchers, policymakers and advocates who had never before been in the same room around a political agenda.

Highlights included An Intimate Evening for Women's Health in New York, An Intimate Hamptons Luncheon, Longevity Revolution: Advancing Health and Investing in the Future in Menlo Park, and our Boston convening celebrating Massachusetts' landmark expansion of coverage for midwifery, birth centers, doulas, and postpartum depression screening and treatment—a model for the nation.

### 2025 The New York Stock Exchange

On February 3, 2025, WHPAC hosted a sold-out event at the New York Stock Exchange with more than 150 leaders, advocates and changemakers in the room, anchored by a conversation on the unifying role menopause plays in policy and advocacy:

Kate Ryder, Founder and CEO, Maven Clinic

Dr. Somi Javaid, Founder and Board Member, HerMD

Tamsen Fadal, journalist and producer of The M Factor

Moderated by Anu Duggal, Founding Partner, Female Founders Fund

Kate Ryder made the business case directly: menopause, long absent from workplace policy, is now one of the fastest-growing categories in employer-sponsored health benefits, with standardized HRT guidelines and improved access to menopause care as the critical next steps.

Dr. Javaid named the structural failures with precision: the research data gap, the diagnostic delays women absorb, and the shortage of women in the rooms where funding and policy get decided.

It was also the stage where our co-founders laid out the future vision: bipartisan collaboration as the only viable path, and a membership-based organization built to carry the movement forward. That vision helped give rise to 51&, now a separate organization.

## EVENTS CONTINUED

# From convening to a shared agenda

## **Why it matters.** Movements are built in rooms before they are won in Washington.

Standing at the NYSE—the symbolic center of American capital—to argue that women's health is an economic category, not a niche one, was the point. These gatherings turned a scattered industry into a network with a shared political vocabulary, and they helped us recruit leadership and speak with one voice when it counted.

The NYSE convening was our last broad-audience event of the cycle. From that night forward, we concentrated the organization's energy on two things: the working session that became the Women's Health Reimbursement Summit, and building the durable membership infrastructure that became 51&, now a separate organization.

Convening was never the goal; it was how we found each other. What came next is what we found each other to do.

- **2024**  
Seven national events across the country
- **FEBRUARY 2025**  
New York Stock Exchange convening
- **MARCH 2025**  
Women's Health Reimbursement Summit

### 03 LEGISLATIVE IMPACT

## From support to action

**Our standard.** WHPAC supports candidates based on one central question: will they close the gaps in women's health? The members we back disagree with each other on plenty, which is the point. A movement that can only win when one party holds the majority is not a movement; it is a wing of a party.

The legislation highlighted here meets a clear standard: bipartisan sponsorship or cosponsorship, with participation from at least one member financially supported by WHPAC. It is the same standard we used to vet candidates in the first place.

By that measure, here is what the 119th Congress looks like.

### Menopause and Midlife Health

The Advancing Menopause Care and Mid-Life Women's Health Act would authorize \$275 million over five years to expand federal menopause research, establish dedicated research categories, strengthen public education and improve clinician training.

Led by Sen. Patty Murray (D-WA), with Sen. Lisa Murkowski (R-AK) as an original cosponsor, the legislation includes four senators financially supported by WHPAC: Sen. Lisa Murkowski, Sen. Tammy Baldwin (D-WI), Sen. Angela Alsobrooks (D-MD) and Sen. Jacky Rosen (D-NV).

Four of our supported candidates. Both parties. One bill.

The case for it is the case we have been making since our first event: 75 million American women are in perimenopause, menopause or post-menopause. Only about 30% of U.S. residency programs offer a formal menopause curriculum, and roughly 80% of OB-GYN residents say they are unprepared to discuss it. This is the legislation our New York Stock Exchange panel was arguing for, now carrying the support of several WHPAC-backed members.

Congressional attention has continued to grow. On September 16, the Senate Special Committee on Aging held the first congressional hearing devoted specifically to menopause, focusing on gaps in research, clinician training and care. The hearing was led by Chairman Rick Scott and Ranking Member Kirsten Gillibrand. Neither senator was financially supported by WHPAC, and the hearing was not a vote or committee action on the Advancing Menopause Care and Mid-Life Women's Health Act. It was, however, a meaningful bipartisan milestone—moving menopause care into formal congressional oversight for the first time.

The bill remains referred to the Senate Committee on Health, Education, Labor and Pensions and has not received a floor vote.

## LEGISLATIVE IMPACT CONTINUED

# Maternal health

Four WHPAC-backed members are participating in four different bipartisan maternal-health bills this Congress.

Two WHPAC-backed Republicans are lead sponsors in the House. Rep. Zach Nunn (R-IA) sponsored the HEALTH for MOM Act, which would help states provide coordinated maternity care through maternal-health homes for high-risk pregnant women on Medicaid. The bill was introduced with Democratic Reps. Ayanna Pressley and Lauren Underwood.

Rep. Juan Ciscomani (R-AZ) sponsored the Maternal and Infant Syphilis Prevention Act, introduced with Democratic Rep. Melanie Stansbury. It would require federal guidance on best practices for congenital-syphilis screening and treatment under Medicaid, CHIP and the Indian Health Service.

In the Senate, Sen. Lisa Murkowski is the original Republican cosponsor of the Protect Moms From Domestic Violence Act, sponsored by Democratic Sen. Jeanne Shaheen. The legislation would support research into how intimate-partner violence contributes to maternal morbidity and mortality and invest in programs serving survivors.

Sen. Ruben Gallego (D-AZ) is an original cosponsor of the bipartisan Dads Matter Act, sponsored by Democratic Sen. Raphael Warnock and introduced with Republican Sen. Roger Marshall. The bill treats father engagement as a maternal-health intervention by directing a national public-awareness campaign focused on pregnancy, childbirth and postpartum health.

Four bills. Four WHPAC-backed members. Four bipartisan coalitions. That is what it looks like when an issue stops being a wedge.

Each of these bills has been introduced and referred to committee. None has received a floor vote, so the documented participation at this stage is sponsorship or cosponsorship—not voting.

## LEGISLATIVE IMPACT CONTINUED

# Research and clinical trials

Women have been understudied for decades, and the fix is structural: get more women into clinical trials and more sex-specific data out of them.

One WHPAC-backed Republican, Rep. Juan Ciscomani, is a cosponsor of the bipartisan Clinical Trial Modernization Act in the House. The House bill is sponsored by Democratic Rep. Raul Ruiz and was introduced with Republican Rep. August Pfluger. Its Senate companion is sponsored by Republican Sen. Tim Scott and was introduced with Democratic Sen. Mark Warner.

The legislation would support outreach and recruitment in underrepresented communities, help cover trial-related expenses, enable remote participation and exempt a limited amount of participant support from federal income taxes. That is the coalition shape we exist to build.

The urgency is not theoretical. When WHPAC launched, we cited estimates that roughly 11% of NIH research funding addressed women's health. A subsequent Washington Post analysis found a 31% decline in fiscal year 2025 in the number of NIH-funded projects that included the word "women"—a different measure, but another indication of the underlying research gap.

The House and Senate bills remain in committee and have not received floor votes.

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## Why It Matters

Elections create opportunity. Legislative leadership shows whether a candidate's commitment carries into office. These bills provide an early measure of how WHPAC-backed members are advancing women's health across party lines.

**A note on scope.** In this section, "WHPAC-backed" refers specifically to members whose campaigns received financial support from WHPAC. Other sponsors and cosponsors are identified to explain the bipartisan coalitions behind the legislation; their inclusion does not mean WHPAC financially supported them. Sponsorship and cosponsorship also should not be read as evidence that WHPAC caused a member's legislative action.

This section is not a complete record of every supported member's work, and it is not an endorsement of every position any member holds. Our candidates were selected for their commitment to closing gaps in women's health, and they differ from one another on much else.

## 04 REIMBURSEMENT

# The first-ever bipartisan Women's Health Reimbursement Summit

**What we did.** Throughout 2024, the number-one question we heard from industry leaders was: “What are you going to do to fix women’s health reimbursement?”

In March 2025, WHPAC convened the first-ever Bipartisan Women’s Health Reimbursement Summit in New York. An invite-only working session of payers, providers, hospital administrators, investors and innovators, it was built around a single diagnosis: reimbursement is a root cause.

The summit examined the system’s failures directly: out-of-pocket costs for preventive care, complex billing barriers, and OB-GYN reimbursement rates that lag other specialties—and how those inefficiencies deter venture capital and stifle innovation.

The work culminated in a policy roadmap, *The Path to Bigger and Stronger Families: A Policy Roadmap for Women’s Health Reimbursement Reform*, published in partnership with the Women’s Health Collective and Tribunus Health. The roadmap was shared with the White House, Congress, multiple teams at HHS, industry partners and women’s health companies.

**Why it matters.** Reimbursement is the economic engine of women’s health. Research dollars matter, but they do not sustain a field. A self-sustaining revenue model does. By naming reimbursement as a roadblock and putting payers and policymakers in the same room, WHPAC moved the conversation from advocacy to infrastructure. This is the difference between asking for attention and redesigning the system that allocates it.

## 05 INFRASTRUCTURE

# Building the machinery

The work that matters most is rarely the work you see. After the Reimbursement Summit, WHPAC turned from convening to building, deepening relationships and strengthening our candidate review process.

During this period, we deepened relationships with candidates we supported and continued to raise the profile of women's health in Washington—in larger rooms and in quieter conversations. We attended events on both sides of the aisle and engaged with industry groups representing a wide range of perspectives. There is more to share on both fronts in the months ahead.

This is what a movement looks like between its public moments: not quieter, but more prepared. It is the foundation for how we will approach future election cycles.

## 06 THE MODEL AND 51&

# What WHPAC set in motion

WHPAC's first cycle proved that women's health can be organized as a bipartisan constituency—bringing together people, capital, and leadership across party lines around a shared agenda. Through candidate support, convenings, policy work, and the Founders Circle, WHPAC built the insight, infrastructure, and network to move women's health from a collection of issues into an organized political force.

WHPAC also recognized that lasting change requires sustained engagement beyond the electoral and policy arenas. That insight led WHPAC to incubate 51&, a membership organization designed to help women navigate the healthcare system while organizing consumer demand for better care, coverage, and research.

In October 2025, 51& launched at HLTH as a separate organization. It grew from the constituency insight, infrastructure, and network developed through WHPAC and now operates with its own funding, team, and operations. The two organizations apply a shared insight in distinct arenas: WHPAC organizes bipartisan political action and accountability, while 51& builds consumer engagement and market demand.

**Why it matters.** This is what successful incubation looks like. WHPAC demonstrated that bipartisan giving and organizing in women's health are possible and effective, then extended that model into a new arena. 51& now carries that work forward as an independent organization, while WHPAC remains focused on supporting candidates and holding elected leaders accountable for progress in women's health.

**07 WHAT COMES NEXT**

# Preparing for 2028

As we begin preparing for the 2028 election cycle, we invite this community to help shape WHPAC's priorities, identify future candidates and strengthen our bipartisan network.

Founders Circle members Kristina Hahn and Jessica Knopp Gwynne, alongside co-founder Candace McDonald, will lead this next phase. We invite you to share candidates you believe WHPAC should consider, the women's health priorities that matter most to you, and how you would like to be involved.

Please [email us](#) with your thoughts. Your perspective will help guide what comes next.

**Kristina Hahn · Jessica Knopp Gwynne · Candace McDonald**

On behalf of Women's Health PAC

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