May 26, 2026

Submitted electronically to nihstrategicplan@od.nih.gov

RE: Request for Information (RFI): Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for Fiscal Years 2027-2031

Please include any comments on NIH's Goals across the three Priorities articulated in the Strategic Plan Framework, including potential benefits, drawbacks or challenges, and other areas of focus for consideration.

Priority 1: Research Areas
- Goal 1: Advance Foundational Knowledge of Human Health and Disease
- Goal 2: Prevent Disease and Promote Health Across the Lifespan
- Goal 3: Advance and Optimize Interventions, Treatments, and Cures

Priority 2: Research Capacity
- Goal 1: Develop and Sustain an Interdisciplinary Research Workforce
- Goal 2: Build, Improve, and Sustain Research Resources and Infrastructure

Priority 3: Research Operations
- Goal 1: Enhance Scientific Stewardship and Decision-Making
- Goal 2: Foster Transparency and Accountability to Improve Public Trust in Science

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Type of Organization: Other

Name of Organization (if responding in a professional capacity): American Association of Colleges of Pharmacy

Role in Organization (if responding in a professional capacity): Director of Policy, Advocacy, and Strategic Engagement

Priority 1: Research Areas (500 words)

NIH's support for foundational knowledge of human health and disease is critical to advance interventions and practices that improve health outcomes. Foundational knowledge also enables and underlies the creation of new research approaches and methodologies with the potential to accelerate future discovery and clinical translation. Human centric new approach methodologies (NAMs) can speed and improve clinical translation and testing of new interventions by more closely recapitulating human disease states and physiology. They can also increase knowledge of the potential harms of environmental contaminants, the health effects of ultra processed foods and the benefits and harms of nutritional supplements, all of which are stated research priorities of the MAHA movement. In addition to advancing development of NAMs, NIH should prioritize research to identify opportunities for NAMs to

accelerate or improve studies and match specific approaches to appropriate use cases. The NIH strategic plan should recognize the importance of continued investments in basic and applied pharmacology and toxicology research to advance therapeutic innovation by providing data for and informing interpretation of studies on new technologies including, but not limited to, NAMs.

NIH should match this support for foundational knowledge with investments to ensure the translation of basic discoveries into clinical interventions and the successful adoption of evidence-based interventions into clinical practice. Successful clinical translation and adoption require significant and sustained investments in health services and dissemination and implementation (D&I) research to understand the factors that facilitate uptake of health-saving interventions across patient populations. NIH's strategic plan should explicitly include robust investment in health service and D&I. It is important that NIH emphasize the science that underpins translation of effective interventions into safe, high-quality care for patients as foundational knowledge for the successful implementation of research results across patient populations, disease types and settings.

To advance disease prevention and health promotion across the lifespan, NIH should more intentionally leverage the expertise and community reach of colleges and schools of pharmacy. Pharmacists are among the most accessible healthcare providers and play a critical role in preventive care and patient education. NIH should expand support for research that integrates pharmacists and pharmacy-trained scientists into community-based and team-based prevention models, particularly in underserved and rural populations where access to care is limited. These approaches would strengthen NIH's ability to translate prevention science into real-world impact across diverse populations and life stages.

Priority 2: Research Capacity (500 words)

NIH supported research on new technologies, including AI and new approach methodologies (NAMs), are enabling exciting therapeutic innovations that are transforming both interventions and patient care processes. For these innovations to be translated to patients, the clinical workforce must have the necessary competencies and skills to evaluate, monitor, and use these innovations. Clinical workforce development has not kept pace with the rapid development and deployment in the clinic and in clinical research of digital health technologies and new therapeutic modalities. Education and training opportunities dedicated to applied competencies in areas including health IT, clinical decision support optimization, AI evaluation, interpretation, and oversight of NAMs-based nonclinical findings are needed. These educational and workforce development efforts should extend beyond the early career stage to offer licensed and experienced clinicians the opportunity to participate in the development, testing and translation of new digital health technologies.

Practicing pharmacists are central to medication therapy, particularly in clinical decision support and population health promotion, and have unique and valuable perspectives for technology development and clinical use. Pharmacists are experts in pharmacology, drug action and medication use, making their perspective on development and use of human-based technologies in addition to real-world evidence crucial for successful use of such technologies in therapeutic development. However, pharmacists lack dedicated support for research training and reliable access to workforce development around the use of emerging technologies in research and clinical settings. NIH should consider education-focused funding mechanisms, mid-career training opportunities, and collaborative models that allow pharmacists, student pharmacists and other clinicians to engage directly in research and technology development, e.g. through access to real-world datasets in secure environments that can support clinical translation of new technologies or implementation and dissemination of new therapeutic approaches. NIH training should support clinician scientists from many health professions, to ensure a biomedical research and

clinical workforce that is competent in new technologies across the translational pipeline and practice settings.

Priority 3: Research Operations (500 words)

NIH should include standards for disclosure of AI use in the research planning, performance and reporting stages and guidelines on the ethical use of AI in research. Reproducibility is impossible if the conditions under which research is performed are not clearly understood. NIH can support development of standards and guidelines through research grants that study the implications and outcomes of applying different standards, strategic workshops that bring together individuals and organizations that have interest and influence over the use of standards and guidelines, including colleges and universities, to identify needs and gaps related to such standards and guidelines, conference grants that develop consensus around and promulgate standards and guidelines and, when appropriate and supported by evidence, requiring use of established and accepted standards and guidelines in performance and reporting of NIH supported work.

To further advance transparency and accountability, NIH should prioritize mechanisms that make research processes and outputs more accessible, interpretable, and trustworthy to both the scientific community and the public. One approach would be to expand requirements and infrastructure for standardized, open, and real-time reporting of research protocols, data provenance, and analytical methods—particularly for studies involving emerging technologies such as AI and real-world data. Colleges and schools of pharmacy, which frequently serve as partners in NIH-funded translational and clinical research, are well positioned to pilot and scale these practices through integrated training and research environments that emphasize reproducibility and data stewardship.