

May 26, 2026

Dr. Jay Bhattacharya
Director
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892

RE: Request for Information (RFI) on the National Institutes of Health (NIH)-Wide Strategic Plan for Fiscal Years 2027-2031 (NOT-OD-26-047)

Dear Dr. Bhattacharya:

The American College of Rheumatology (ACR), representing over 10,400 rheumatologists and rheumatology interprofessional team members, appreciates the opportunity to respond to the National Institutes of Health (NIH)-Wide Strategic Plan Framework for Fiscal Years 2027 to 2031.

The ACR has had the privilege of working closely with several NIH Institutes and values the shared scientific partnerships fostered through advancements in rheumatic, musculoskeletal, and autoimmune disease research. On behalf of ACR membership, we write in broad support of the goals and priorities identified in the framework.

However, ACR also requests that the final strategic plan prioritizes research into the causes, incidence, treatment and prevention of chronic and autoimmune diseases, particularly diseases and disorders of the bones, joints, muscle, skin and connective tissues. These diseases and disorders are costly, chronic, debilitating and common and impact the lives of tens of millions of Americans, affecting nearly every household in the United States. These illnesses are particularly prevalent in the elderly, with nearly 70% of adults over age 65 experiencing a musculoskeletal disorder, compared to 36% of adults age 18 to 44.¹ As the US population ages, the costs imposed by these illnesses on the health system will continue to mount.

The ACR also requests that the strategic plan identify specific strategies for maintaining research capacity, including preventing recent changes to the NIH grants process from resulting in a reduction in funded opportunities. The NIH should balance its commitment to responsible stewardship of taxpayer dollars with continuing Congressional directed investments in lifesaving science.

Priority 1: Research Areas

Rheumatologists are experts in the diagnosis and treatment of complex autoimmune and musculoskeletal conditions, including rheumatoid arthritis, psoriatic arthritis, osteoarthritis, juvenile arthritis, vasculitis, systemic lupus erythematosus, lupus nephritis, and multiple other debilitating diseases that require ongoing care. Rheumatic diseases accumulate \$140 billion in

medical costs each year, with an additional estimated \$164 billion in lost wages and productivity when degenerative conditions like osteoarthritis are included. Autoimmune conditions affect roughly 50 million Americans.

Rheumatic disease research at the NIH is centered at the National Institute for Arthritis and Musculoskeletal and Skeletal Diseases (NIAMS), though research into autoimmune and chronic conditions occurs across the Institutes, including at the National Institute of Allergy and Infectious Diseases and the Office of Research on Women's Health. NIH programs specific to autoimmune disease research include:

- **The Accelerating Medicines Partnership Autoimmune and Immune-Mediated Diseases (AMP IM)** program to continue research on shared mechanisms of autoimmune and immune mediated diseases, particularly the cellular and molecular interactions that contribute to inflammation. This public-private partnership drives innovation and discoveries for some of the most debilitating rheumatic diseases such as lupus and arthritis.
- **The Autoimmunity Centers of Excellence** program encourages collaboration on research into different aspects of autoimmune diseases.
- **The Immune Tolerance Network** is a collaborative network for clinical researchers, that develops and funds research about immune tolerance in autoimmune diseases.
- **The NIAMS Pain Research Program** to study gaps in knowledge regarding pain mechanisms in the body, biomarkers, and treatment options to prevent or alleviate pain. As many of the diseases under the NIAMS umbrella, including arthritis, cause pain, disability or disfigurement, this program meaningfully improves patient health and quality of life.
- **Restoring Joint Health and Function to Reduce Pain Consortium (RE-JOIN)** to study how sensory neurons with pain receptors connect to the joints and surrounding tissue. Understanding of the distribution of nerves in joint tissue will allow for advanced pain relief for arthritis patients. Project REJOIN is part of the larger NIH HEAL initiative, in which NIAMS plays a key role.

We request that the final strategic plan promote research into prevention and treatment of costly and prevalent autoimmune conditions.

Priority 2: Research Capacity

We strongly support the goals of building, improving, and sustaining NIH research resources and infrastructure and developing a robust research workforce, amidst multiple changes to the grant funding process and particularly the extramural research program. In March, the NIH announced that it was reducing the number of targeted Notices of Funding Opportunities (NOFOs) for extramural researchers and organizing funding opportunities into broader, less specialized announcements. The Institutes also announced a move towards multiyear funding, a move that would likely reduce the number of grants NIH is able to fund per year.

We request that the strategic plan identify strategies to ensure that the reduction in funding opportunities does not translate into a reduction in funded grants and investigators, particularly early career investigators.

Priority 3: Research Operations

We applaud NIH's commitment to effective stewardship of taxpayer dollars. The Unified Funding Strategy, announced in August 2025, could represent a step towards this goal. The strategy purports to move away from paylines based on peer review scores in assessing applications and introduces a more holistic strategy for assessment, placing greater weight on NIH research priorities, in addition to incorporating factors such as applicant career stage, existing funding and geographic location. Though we support the aims of this approach, we request that chronic and autoimmune disease remain a core NIH research priority and that the strategy does not result in a reduction of funded applications.

Finally, the NIH recently announced a \$150 million investment in human-based research methods, with the aim of reducing the use of animals in research.² We strongly disagree with the objective of this policy, as animal use is essential for the continued advancement of medical research, education, and testing. Adequate, practical, and universally appropriate alternatives are not available. Deterrence of appropriate use of animals for research purposes will impede the search for treatments, cures, and the prevention of disease and suffering afflicting both humans and animals. Though we recognize the responsibility of the medical and scientific community to ensure that the care and use of animals in research and education are conducted in a judicious, responsible, and humane manner, efforts to impose restrictions on the use of live animals in biomedical and behavioral research and education would compromise progress in health care and disease prevention.

Thank you again for the opportunity to provide this feedback on the framework for the NIH-Wide Strategic Plan. Please contact Sweta Haldar, MSPH, Manager of Regulatory Affairs, at shaldar@rheumatology.org or (202) 807-5262 should you have any questions or require further information, or if the ACR can otherwise be of assistance to you.

Sincerely,



William F. Harvey, MD, MSc, FACR
President, American College of Rheumatology

¹ The Hidden Impact of Musculoskeletal Disorders on Americans (2025). *Bone and Joint Initiative USA*, https://bmus.latticegroup.com/docs/BMUS%20Impact%20of%20MSK%20on%20Americans%20booklet_4th%20Edition%20%282018%29.pdf

² *NIH invests \$150 million in human-based research to reduce use of animal models.* (2026, March 18.) National Institutes of Health. <https://www.nih.gov/news-events/news-releases/nih-invests-150-million-human-based-research-reduce-use-animal-models>