American Lung Association

American Lung Association Comments for Submission re NIH Strategic Plan RFI

On May 20, 2026, the American Lung Association submitted the following feedback to the National Institutes of Health (NIH) Request for Information on the NIH-Wide Strategic Plan for Fiscal Years 2027-2031. This request asked for comments on NIH's goals across the three priorities outlined in the Strategic Plan Framework, including potential benefits, drawbacks or challenges, and other areas of focus for consideration.

Priority 1: Research Areas

The American Lung Association supports NIH's proposed research priorities for Fiscal Years 2027-2031. Advancing foundational disease knowledge, preventing disease, and optimizing interventions, treatments and cures are critical to addressing the burden of lung disease in the United States.

In order to advance foundational knowledge of human health and disease, NIH should continue to prioritize basic science. Basic research is fundamental to the mission of NIH, as well as foundational for the scientific discoveries that follow. Advancements in preventing and addressing chronic disease, including lung disease, are rooted in research that seeks fundamental scientific knowledge and improvement of human health. By prioritizing basic research, NIH can continue to support the development of new treatments and cures for serious and chronic diseases. For example, in the 1980s, NIH funded key research related to immunology and HIV/AIDS and today, that research is being translated into immunology for cancer treatments. Sixty new treatments for lung cancer have been approved since 2016, and many of these tremendous advances rely on the foundational research done in the 1980s. And from 2010 to 2019, NIH funding contributed to an estimated 99.4% of all FDA-approved drugs.

NIH should also continue to support larger scale studies that no other institution in U.S. has the resources to carry out. For example, from 2002-2010, the NIH-supported National Lung Screening Trial (NLST) enrolled more than 50,000 people who either currently or formerly smoked heavily to compare two ways of detecting lung cancer: low-dose computed tomography (LDCT) and standard chest X-ray. The study found that participants who received LDCT scans had a 15 to 20 percent lower risk of dying from lung cancer than participants who received standard chest X-rays. This groundbreaking study changed medical practice and served as the basis for the US Preventive Servies Task Force grade B recommendation and Medicare's National Coverage Determination for lung cancer screening, a critical component of reducing mortality from lung cancer.

The Lung Association urges NIH to prioritize lung disease in its research. The burden of lung disease in the U.S. is significant: 35 million people live with chronic lung disease while a

further 44 million are diagnosed with acute respiratory diseases each year. Lung cancer remains the leading cause of cancer deaths in the nation. Unfortunately, gaps in research and understanding of lung disease persist. The Lung Association urges NIH to ensure that lung diseases are included and prioritized in research as it works towards the Plan's proposed goals. Research should focus on preventing and addressing the burden of lung disease, including through tobacco cessation and the use of precision medicine to develop treatments.

Priority 2: Research Capacity

The Lung Association supports NIH's goals to develop and sustain an interdisciplinary research workforce and to build, improve and sustain research resources and infrastructure. To this end, NIH should ensure that multi-year research projects are supported using incremental funding as much as possible. NIH has a longstanding practice of incremental funding for multi-year research grants, allowing projects to be funded at each year of work instead of requiring all of the funding upfront. Under an incremental funding structure, NIH can support more research projects and grants, leading to greater innovation. Researchers also rely on stable, predictable funding to sustain clinical trials and studies. Decreasing incremental funding for multi-year projects risks disrupting lifesaving research and slowing progress on treatments and cures.

Once research momentum is lost, it can take years to rebuild. Cancer research is dynamic and fast-paced. Delays in the development of novel treatments and interventions can directly lead to worse health outcomes for people with lung cancer and other individuals who rely on this critical research. In 2024, NIH funded less than one in five research proposals submitted by scientists nationwide, and that success rate dropped last year. Without limits on the practice of forward funding, the success rate will drop even further. NIH must ensure that research resources and funding are maintained and supported in order to keep up with this evolving field.

The Lung Association also urges NIH to support and sustain a stable and diverse workforce. Innovation is driven by new ideas and different viewpoints. Young researchers represent the next generation in medicine and disease prevention. To prevent a generational gap of scientists in expertise, NIH should ensure that young researchers are not deterred from the field by funding uncertainty or delays in studies. When research funding is interrupted, promising investigations into treatments for lung diseases and other health conditions may be delayed or abandoned entirely.

Priority 3: Research Operations

The Lung Association supports NIH's goals to enhance scientific stewardship and decision-making and to foster transparency and accountability to improve public trust in science. To

support these goals, NIH should ensure that funding opportunities and decisions are addressed in a timely and transparent manner.

Timely and stable funding is critical to supporting research advancements. However, the Lung Association has been very concerned about the slow start for NIH spending in Fiscal Year 2026. As of April 8, 2026, the National Heart, Lung and Blood Institute (NHLBI) had only issued 39 competitive awards for all of FY26, a 93% decline over their FY21-24 average for this time. The National Cancer Institute had issued 105 competitive awards – an 84% decline over their FY21-24 average for this same time period.

Chronic and serious diseases impact countless individuals in the U.S., most of whom rely on sustained investment and funding of medical research. Delays in research funding can slow progress and directly impact the development of new treatments and cures. NIH must ensure that grants are issued in a timely manner in order to ensure that clinical trials can continue, labs stay open, staff stay employed and the development of cures and treatments can continue.

Similarly, NIH research priorities and notices of funding opportunities should be clearly communicated and accessible to the public. A more comprehensive and transparent approach will help safeguard the integrity and effectiveness of NIH funding and support across all areas of research.

The Lung Association appreciates the opportunity to provide comments on NIH's Strategic Plan and urges NIH to ensure that grantmaking practices support a sustainable and consistently funded workforce.