**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**NATIONAL INSTITUTES OF HEALTH**
**NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH**
**NATIONAL ADVISORY COUNCIL FOR**
**COMPLEMENTARY AND INTEGRATIVE HEALTH**
**Minutes of the Ninety-Second Meeting**
**April 17, 2026**

**NACCIH Members Present Virtually**

Dr. Helene Benveniste, New Haven, CT
Dr. Kristine Blanche, Palm Beach Gardens, FL
Dr. Per Gunnar Brolinson, Blacksburg, VA
Dr. Nadja Cech, Greensboro, NC
Dr. Daniel Dickerson, Los Angeles, CA
Dr. Helen Lavretsky, Los Angeles, CA
Dr. J. Russell Linderman, Dayton, OH*
Dr. Kavitha Reddy, Washington, DC*
Dr. Erica Sibinga, Baltimore, MD
Dr. Amala Soumyanath, Portland, OR

**NACCIH Members Not Present**

Dr. Jay Bhattacharya, Bethesda, MD*
Secretary Robert F. Kennedy, Jr., Washington, DC*
Prof. Rhonda Magee, San Francisco, CA

*Ex Officio Member

## I. Closed Session

The first portion of the ninety-second meeting of the National Advisory Council for Complementary and Integrative Health (NACCIH) was closed to the public, in accordance with the provisions set forth in Sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C., and Section 1009(d) of the Federal Advisory Committee Act, as amended (5 U.S.C.§§ 1001-1014). A total of 213 applications were assigned to the National Center for Complementary and Integrative Health (NCCIH). Applications that were noncompetitive, not discussed, or not recommended for further consideration by the scientific review groups were not considered by Council. Council agreed with staff recommendations on 77 scored and 61 competitive not-discussed applications, which requested $36,722,951 and $26,549,883 in total costs, respectively.

## II. Call to Order

Dr. Martina Schmidt, director of the NCCIH Division of Extramural Activities and executive secretary of the NACCIH, convened the open session at 12:02 p.m. ET in accordance with the Federal Advisory Committee Act. This meeting was held virtually and broadcast live for all attendees, including Council members, NCCIH staff, and the public, and was recorded. Dr. Schmidt introduced Dr. Shurtleff, acting director of NCCIH, who welcomed everyone attending. Dr. Shurtleff introduced two new NACCIH members, Drs. Blanche and Reddy.

The September 19, 2025, meeting minutes were approved.

## III. Review and Approval of Council Operating Procedures

Dr. Schmidt explained that Council is required to annually review its operating procedures to determine whether they continue to serve the needs of NCCIH. All National Institutes of Health (NIH) grant awarding Institutes and Centers are required by policy to establish standard operating procedures for interactions between Advisory Council members and the staff responsible for the day-to-day management of extramural portfolios. Dr. Schmidt reviewed these procedures in detail, after which she asked if anyone had questions or comments on them, and no one did. A motion to approve the Council operating procedures was made, seconded, and approved.

## IV. NCCIH Director's Welcome and NCCIH Report

### NIH and NCCIH News

Dr. Shurtleff announced staff and leadership changes at NIH. Dr. Bhattacharya, director of NIH, is also currently the acting director of the U.S. Centers for Disease Control and Prevention (CDC). Dr. Richard Woychik, formerly the director of the National Institute of Environmental Health Sciences (NIEHS) and the National Toxicology Program, is currently serving as a senior advisor to the NIH director. In this role, Dr. Woychik is leading the Make America Healthy Again (MAHA) Strategy at NIH and is emphasizing the importance of whole person health as a cross-cutting theme. Dr. Shurtleff said NCCIH staff have been working closely with Dr. Woychik as he prepares NIH's MAHA Strategy.

Dr. Nicole C. Kleinstreuer is currently leading the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI). Prior to her current position, Dr. Kleinstreuer was the director of the National Toxicology Program Interagency Center for the Evaluation of Alternative Toxicological Methods within NIEHS. Dr. Kyle Walsh is now the director of NIEHS. Prior to joining NIEHS, he was an associate professor of neurosurgery, pathology, population health sciences, and pediatrics at Duke University, where he also directed the Division of Neuro-Epidemiology. Dr. Anthony Letai is now director of the National Cancer Institute (NCI). Before joining NCI, Dr. Letai was a professor of medicine at Harvard Medical School and medical oncologist at the Dana-Farber Cancer Institute.

Dr. Rohan Hazra is acting director of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, replacing Dr. Alison Cernich. Dr. Lindsey Criswell was not renewed as director of the National Institute of Arthritis and Musculoskeletal Diseases (NIAMS), and Dr. Anna Mazzucco will fill the role as acting director. Dr. Walter Koroshetz was not renewed as director of the National Institute of Neurological Disorders and Stroke (NINDS), and Dr. Amy Adams is currently serving as acting director. Dr. David Goth is now acting director of the National Heart, Lung, and Blood Institute (NHLBI), replacing Dr. Gary Gibbons, who retired. Dr. Shurtleff said he is excited to work with his colleagues across NIH.

Dr. Shurtleff announced staff changes at NCCIH. Dr. Alex Chesler, who had been a senior investigator in the Sensory Cells and Circuits Lab within NCCIH's intramural research program, is now Vice President of Pain Research at Vertex Pharmaceuticals in San Diego, CA. The Sensory Cells and Circuits Lab continues to run under capable supervision from staff scientists Drs. Melanie Falgairolle and Nima Ghitani. Dr. Shurtleff said he was grateful to Dr. Nicholas Ryba, from the National Institute of Dental and Craniofacial Research, for mentoring several graduate students in the lab.

Dr. Shurtleff said job opportunities can be found at USAJOBS.GOV, including the director positions for NINDS, NHLBI, and NIAMS, as well as NCCIH employment opportunities.

Dr. Shurtleff said the NIH Strategic Plan for Disability Health Research for fiscal year (FY) 2026–2030 was recently released and that whole person health is one of the report's cross-cutting themes, which NCCIH is excited about. The report focuses on a variety of research priorities, including research, workforce, resources and infrastructure, and stewardship.

The process for developing the NIH-wide strategic plan for FY 2027–2031 is underway. Dr. Shurtleff encouraged others to provide feedback on the new strategic plan by replying to the request for information before May 6, 2026.

Dr. Shurtleff explained that there was a lapse in the authorization of the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs, but as of April 13, 2026, the programs were reauthorized by Congress, followed by the President signing the bill into law. NIH currently has no active SBIR/STTR notice of funding opportunities (NOFOs), but Dr. Shurtleff anticipates future NOFOs and forecasts on GRANTS.GOV.

NCCIH was not included in the President's budget for FY 2027. However, Dr. Shurtleff said NCCIH's portfolio is strongly aligned with NIH priorities, including prevention, resilience, and whole person health research. NCCIH also contributes to broader efforts, such as the MAHA Initiative, and NCCIH's science is well integrated across NIH. Dr. Shurtleff explained that the next step is to hear from Congress, and in the meantime, NCCIH will continue to focus on supporting high-quality research in complementary and integrative health and to build strong partnerships across NIH and the extramural research community.

**Updates on NIH Priorities and Policies**

Dr. Shurtleff said NIH has updated the classification of basic experimental studies involving humans (BESH), which are aimed at understanding fundamental biology and behavior, without any immediate clinical applications. Under the new policy, which will begin May 25, 2026, BESH are no longer considered clinical trials. Dr. Shurtleff said he believes the changes will help streamline BESH requirements, and he encouraged researchers involved in BESH to closely look at the new policy changes.

Grant application requirements for data management and sharing plans are being simplified, with narratives being replaced with a structural format featuring yes-no questions, a short repository selection table, and brief text fields. More emphasis will be placed on principal investigators establishing a data sharing plan, with less oversight from NIH program staff.

Dr. Shurtleff highlighted a priority initiative led by NIH Director Dr. Bhattacharya, which is to focus on rigor, replication, and reproducibility. Under Dr. Bhattacharya's leadership, NIH is making efforts to incentivize replication and reproducibility science across the research enterprise and to institutionalize replication and reproducibility as a scientific discipline. Over the next several months, NCCIH staff will be writing related initiatives and putting this vision into action.

To reduce the burden on investigators and NIH staff, NIH is simplifying policies and streamlining application and funding processes. For instance, highlighted topics are a new way to inform the community about an IC's scientific priority areas without having to issue complex new funding opportunities. Other examples of this effort include discontinuing requests for letters of intent prior to submitting grant applications, ending the requirement for letters requesting permission to apply for budgets of $500,000 or more in direct costs, and simplifying how the research community learns about NIH grants and funding processes.

Dr. Shurtleff said NIH Institutes, Centers, and Offices (ICOs) are working toward a more streamlined NOFO structure. Dr. Shurtleff cited Dr. Jon Lorsch, deputy director of extramural research, who wrote the following in an NIH blog on March 23, 2026: "Moving toward the use of broader funding opportunities rather than highly specialized announcements reduces fragmentation in the funding landscape and allows the most innovative ideas to flourish. Instead of tailoring ideas to fit narrowly defined announcements, researchers can propose their best science within flexible broad funding opportunities that accommodate a wider range of science and approaches."

Dr. Shurtleff explained that the peer review process for FY 2026 has also changed, primarily because of the Government-wide shutdown in October and November 2025, which delayed much of the review process for the fall cycle. In FY 2026, applications reviewed by the Center for Scientific Review (CSR) are clustered into three categories:

(1) A top third of applications that are discussed and scored

(2) A middle third of applications that are not discussed but are considered competitive; they are referred to as "competitive but not discussed" or "CND"

(3) A bottom third of applications that are not considered competitive and not discussed

Dr. Shurtleff said this change helped to reduce the burden on reviewers and scientific review officers at CSR and was needed to simplify the approach for summary statement generation, at least during FY 2026.

Dr. Shurtleff said the recommendation of the peer review group and scientific merit of an application remains paramount. He explained that under the NIH Unified Funding Strategy, other factors are also considered, including program balance, career stage, alignment with NIH priorities, and geographical balance, which are factors that NCCIH had already been considering for many years.

He pointed out QR codes for applicants to learn more about NIH grant opportunities, highlighted topics, and updates to NIH policies, requirements, and guidance that may impact applications or awards.

Dr. Shurtleff then provided an update on recent and forthcoming changes to NCCIH communications, noting that these changes reflect broader NIH-wide efforts to centralize and streamline communication functions. He explained that NIH is consolidating all ICO websites into a unified NIH web platform, which now includes NCCIH. NCCIH's new webpage is accessible through the centralized NIH web hub and is currently under development. Although the site remains a work in progress, Dr. Shurtleff emphasized that substantial advances have already been made and that important content is now available. He encouraged Council members to explore the new site.

Dr. Shurtleff also described changes to social media communications across NIH. Rather than maintaining individual social media accounts for each ICO, NIH has centralized its social media presence under a primary NIH account across major platforms. Going forward, NCCIH-supported research, activities, and events will be communicated through these centralized NIH social media channels. Dr. Shurtleff emphasized that, despite changes in the delivery mechanism, NCCIH remains committed to ensuring that information reaches the extramural community and other stakeholders.

Finally, Dr. Shurtleff highlighted NIH's continued use of the GovDelivery email subscription system as an important communication tool. NCCIH will employ GovDelivery to disseminate updates, funding information, and other announcements to interested members of the research community. He encouraged

Council members and others to subscribe, noting that GovDelivery remains a reliable and frequently used mechanism for keeping the community informed about NCCIH activities and the research it supports.

**NCCIH Research Interests and Initiatives**

Dr. Shurtleff provided an overview of new and emerging research interests and initiatives at NCCIH, highlighting a broad set of activities that continue to advance the Center's scientific priorities. He began by reviewing NIH highlighted topics to which NCCIH has formally signed on to, noting that several are currently active and others are nearing approval. These highlighted topics will be posted on NCCIH's webpage on the new centralized NIH website as they become available. Dr. Shurtleff encouraged Council members to consult the site regularly for updates. He noted that several highlighted topics are part of the Brain Research through Advancing Innovative Neurotechnologies® (BRAIN) Initiative, of which NCCIH is a member.

Dr. Shurtleff drew particular attention to a newly released highlighted topic developed in partnership with NCI and the National Institute on Drug Abuse (NIDA) that focuses on psilocybin-assisted psychotherapy. This effort reflects a whole person health perspective, integrating traditional human use with neuroscience and systems biology to assess potential applications for pain and pain-related comorbidities.

He reminded Council members that NCCIH's work is guided by a set of overarching thematic areas that inform the development of new initiatives including whole person health, pain and pain management, mind and body connection, positive health processes, nutrition and natural products, workforce development, and methods and data science.

Dr. Shurtleff next described several funding forecasts that are areas of anticipated activity over the coming months and that are expected to translate into future NOFOs. Among these are efforts to support interdisciplinary research networks to advance biomedical research on resilience and feasibility research in multisite clinical trials of mind and body interventions on whole person health restoration. Others include work on peripheral mechanisms of joint health and pain under The Helping to End Addiction Long-term® Initiative, or NIH HEAL Initiative, as well as pilot projects supported through the NIH Common Fund to advance understanding of the human virome and its relevance to health.

Dr. Shurtleff reviewed several NOFOs that are currently active. These include the HEAL Initiative: Pain Research Enhancement Program (PREP) (RFA-AT-25-003), an R15 mechanism aimed at professional schools and smaller educational institutions in the complementary and integrative health space. It is designed to strengthen research training through partnerships with research-intensive institutions and to support development of the pain research workforce. It will involve research training at the undergraduate and graduate levels and will include health professional students.

Two companion funding opportunities, Enhancing Mechanistic Research on Precision Probiotic Therapies (PAR-25-210 and PAR-25-211), focus on enhancing mechanistic research on precision probiotic therapies, reflecting growing emphasis on personalized approaches to the microbiome's role in health and disease.

In addition, Dr. Shurtleff described the Mind and Body Interventions to Restore Whole Person Health via Emotional Well-Being Mechanisms (PAR-25-449) NOFO, a multistage funding opportunity examining mind and body interventions that may restore whole person health through mechanisms related to emotional well-being, with interest in how practices such as yoga, massage, and acupuncture influence psychological and physiological pathways relevant to health.

Dr. Shurtleff concluded by highlighting the Bridge to Artificial Intelligence (Bridge2AI) program, a major NIH-wide initiative for which NCCIH serves as one of five co-leads, alongside several other Institutes and the National Library of Medicine. He acknowledged Dr. Lanay Mudd as the NCCIH lead for this effort and credited her with significant contributions to its development. The initial phase of the program focused on data collection, including work related to salutogenesis. A second 5-year phase was recently approved by the NIH Council of Councils and is expected to launch in FY 2027. This stage will focus on using data to advance AI–based solutions to major biomedical challenges and to support ethical, AI-enabled discovery related to health.

**Past and Upcoming Events**

Dr. Shurtleff highlighted recent and upcoming conferences, meetings, and workshops. He began by noting staff participation in the U.S. Association for the Study of Pain (USASP) annual meeting, held March 23–26, 2026. NCCIH had representations at the Association of Chiropractic Colleges Research Agenda Conference (ACCRAC), held March 26–28, 2026, where Drs. Tuttle and Mudd moderated a session on research training and capacity building. Dr. Shurtleff participated in a January 2026 webinar hosted by the Coalition for Whole Person Health Research. Dr. Shurtleff said many NCCIH staff will participate in the 2026 International Congress on Integrative Medicine and Health (ICIMH), held April 20–23, 2026, in Salt Lake City, Utah.

Dr. Shurtleff also previewed two upcoming open investigator meetings. On June 17–18, 2026, NCCIH will participate in the first annual meeting of the Whole Person Physiome Research and Coordination Center in Rockville, Maryland, with virtual participation available. On August 6–7, 2026, NCCIH and NINDS will sponsor the Conference on Mechanisms of Touch and Force-Based Manipulations in Fairfax, Virginia.

Finally, Dr. Shurtleff announced an NCCIH-hosted workshop, Maximizing the Impact of Mind and Body Interventions: Strategic Use of Intervention Adaptation, to be held July 23–24, 2026. The workshop will address key scientific and methodological questions surrounding the adaptation of evidence-based mind and body interventions, including when adaptations are warranted, how they should be incorporated across the research pipeline, and how adaptation research can be conducted rigorously to inform future NCCIH priorities.

**Research Highlights**

Dr. Shurtleff highlighted several recent peer-reviewed publications resulting from NCCIH-supported research. Together, these studies reflect the Center's continued focus on generating rigorous evidence to inform pain management, whole person health, resilience, and health restoration.

Dr. Shurtleff first summarized findings from the PACBACK randomized clinical trial, led by Dr. Gert Bronfort and colleagues and published in *JAMA*. The study evaluated treatments for adults with recent low-back pain and found that clinician-supported biopsychosocial self-management, alone or combined with spinal manipulation, reduced disability, but not pain, over 1 year when compared with usual care. Spinal manipulation alone did not improve outcomes relative to usual care.

He next highlighted a multisite pragmatic randomized clinical trial, published in *JAMA Network Open*, evaluating acupuncture for chronic low-back pain in older adults. Led by Dr. Lynn DeBar and colleagues through the NIH Pragmatic Trials Collaboratory, the study demonstrated sustained improvements up to 12

months in pain-related disability and pain intensity, along with lower health care and Medicare costs per participant. Dr. Shurtleff noted that these findings informed Medicare coverage of acupuncture for this indication.

Dr. Shurtleff then summarized results from a randomized trial led by Dr. Zev Schuman-Olivier and colleagues, published in *JAMA Network Open*, which showed that mindfulness training, when added to buprenorphine treatment for opioid use disorder, significantly reduced opioid cravings and anxiety.

The AIM-Back trial, a pragmatic cluster randomized clinical trial conducted through the NIH Pain Management Collaboratory, was published in *JAMA Network Open*. Led by Dr. Steven George, the study compared two nonpharmacologic care pathways for veterans with low-back pain. Although no differences were observed between pathways, participants in both groups experienced clinically meaningful improvements in pain interference and physical function.

Dr. Shurtleff also highlighted a mechanistic study published in *PAIN* by Dr. Jeungchan Lee and colleagues, which identified activity in the anterior midcingulate cortex during pain catastrophizing as a biomarker predicting response to cognitive behavioral therapy in individuals with fibromyalgia, advancing patient-specific approaches to pain management.

A publication in *Neuroscience and Biobehavioral Reviews* arose from an NIH workshop by the Office of Dietary Supplements on advancing the biomedical science of resilience. The paper outlines strategies to improve measurement, foster multidisciplinary collaboration, and apply a lifespan approach for understanding resilience.

Finally, Dr. Shurtleff provided an update on the Whole Person Health Index, developed under Dr. Langevin. He reported that the measure was implemented in the NIH *All of Us* Research Program, with nearly 60,000 participants completing it to date, and it was fielded in the 2025 National Health Interview Survey (NHIS) to about 25,000 respondents. Data from the 2025 NHIS are expected to be available later in the year.

**Discussion:** Dr. Benveniste asked whether recent changes in NIH funding practices require investigators to align applications more closely with an Institute's mission than in the past. She observed that applicants may need to engage more with program staff and attend closely to mission fit at a more detailed level. Dr. Shurtleff agreed that early communication with program officers has long been—and remains—essential. He said there will be fewer directed NOFOs and greater emphasis on investigator-initiated research, which he positively characterized as a return to earlier NIH traditions that prioritized innovation driven by the extramural community. He emphasized that this approach places additional responsibility on program staff and peer review to identify innovative science, while reaffirming NIH's commitment to funding meritorious investigator-initiated work.

Dr. Benveniste then asked whether the transition to the Unified Funding Strategy could explain why there seem to be more proposals that were scored well by the scientific study sections but might not result in an award. She noted that review by the Council members did not seem to align consistently with the scoring by the scientific study sections, and she wondered if the alignment would improve as Council members get more familiar with the new system. She also asked if education of the scientific study sections is needed. Dr. Shurtleff responded that, for NCCIH, the principles underlying the Unified Funding Strategy are not new. While peer review remains central to assessing scientific merit, he explained that NCCIH has

consistently incorporated additional factors such as program balance, investigator career stage, and potential gaps and opportunities. He acknowledged that these practices may feel unfamiliar to Institutes accustomed to strict paylines but emphasized that they are intended to maximize the impact of taxpayer dollars. He noted that these issues would be explored further during Dr. Schmidt's subsequent presentation.

Dr. Cech thanked Dr. Shurtleff and staff. She asked whether the absence of an approved FY 2027 budget would delay grant awards. Dr. Shurtleff explained that NIH operates on annual appropriations and is currently functioning under the FY 2026 budget. The funding actions from the current and upcoming Council rounds will proceed as planned, and existing commitments will be honored. The applications awarded during the closed session will be moved forward for funding in the next several weeks, and the same process will occur during the upcoming Council meeting in June. Dr. Shurtleff added that NIH often operates under a continuing resolution at the start of a fiscal year.

Dr. Wendy Weber asked Dr. Shurtleff to clarify the difference between the President's proposed budget and Congressional appropriations. Dr. Shurtleff explained that the President submits a budget request, but Congress authorizes or appropriates the funds. He noted that congressional deliberations over the summer will shape the FY 2027 budget and emphasized Congress's long-standing support for NIH.

Dr. Brolinson encouraged attendees to engage in advocacy by contacting their congressional representatives to express support for NCCIH funding. Dr. Shurtleff thanked him for the encouragement.

Dr. Soumyanath asked how NCCIH's emphasis on whole person health and resilience should guide investigators in deciding whether to submit applications to NCCIH versus disease-focused Institutes. Dr. Shurtleff explained that NCCIH is largely disease-agnostic and focuses on mechanisms and systems-level processes that affect the whole person, including pain, mental health, disease prevention, and health restoration. He noted that applications centered on shared mechanisms across conditions may be well suited for NCCIH, while disease-specific applications may be better aligned with other Institutes, and he emphasized the importance of consulting program staff.

Dr. Schmidt said investigators can designate a preferred Institute at application submission and that CSR generally honors that choice unless there is clear misalignment. Applications focused primarily on complementary or integrative health modalities are typically assigned to NCCIH, whereas those centered on a specific disease are usually referred to the relevant disease-focused Institute.

Dr. Shurtleff reiterated the importance of early engagement with program officers and thanked Council members for their questions and insights.

## V. Unified Funding Strategy

Dr. Schmidt provided an overview of the NIH Unified Funding Strategy and described how it advances NIH's mission. She explained that the Unified Funding Strategy reflects Presidential direction for NIH to close critical research gaps to better combat chronic disease in America and to improve the health of all Americans through gold-standard science. The strategy is intended to balance scientific opportunity with mission-critical objectives. Dr. Schmidt emphasized that an important and foundational principle of the Unified Funding Strategy is NIH's continued commitment to supporting meritorious projects across the full spectrum of biomedical research topics.

Dr. Schmidt reviewed the scientific priority framework underpinning the Unified Funding Strategy. NIH-wide priority areas are publicly available, and she directed Council members to the NIH website for additional detail. She noted that NCCIH's funding priorities will continue to follow the Center's strategic mission, as articulated in the NCCIH Strategic Plan FY 2021–2025: Mapping a Pathway to Research on Whole Person Health. NCCIH will align its funding priorities areas with NIH-wide priorities under the Unified Funding Strategy to the extent possible, and the Center's funding decisions will continue to follow its strategic mission as it is outlined in the strategic plan.

Turning to the vision and purpose of the Unified Funding Strategy, Dr. Schmidt explained that the strategy is designed to establish a consistent and unified NIH-wide approach to funding the most meritorious science, addressing health priorities, and supporting a robust biomedical research workforce. Effective with the January 2026 Council round—including the current meeting—the Unified Funding Strategy provides a framework through which ICOs will develop, implement, and evaluate their funding strategies to achieve NIH's goals.

Dr. Schmidt then described the broader context in which the Unified Funding Strategy operates. All ICOs will follow a standard set of core tenets when making funding decisions. Applications will continue to undergo two levels of peer review (peer review meetings and Council meetings) and internal programmatic discussion before funding plans are presented to ICO directors for final decisions. She reiterated that NIH continues to prioritize science that addresses novel or underexplored questions critical to advancing research and ultimately improving the nation's health.

Elaborating on the core tenets of ICO funding policies under the Unified Funding Strategy, Dr. Schmidt emphasized that funding decisions are expected to align with NIH's mission, prioritize scientific merit, and consider peer review information in its entirety. She underscored that peer review remains—and will continue to remain—the cornerstone of NIH funding decisions. Additional considerations include integrating a breadth of topics and approaches relevant to each ICO's priorities, recognizing investigator career stage, promoting sustainability of the biomedical research workforce, supporting broad geographic and institutional distribution of funding, and aligning awards with the availability of ICO funds. In this context, Dr. Schmidt reiterated that NCCIH's priorities remain focused on determining, through rigorous scientific investigation, the fundamental science, usefulness, and safety of complementary and integrative health approaches and their roles in improving health and health care.

Dr. Schmidt next addressed implementation and transparency under the Unified Funding Strategy. Going forward, ICO profiles and funding strategies will be posted in a central location on the NIH Grants and Funding webpage. NIH is committed to communicating changes to programmatic priorities, funding principles, and decision factors clearly and in a timely manner, with centralized access to grants and funding information intended to support transparency. She emphasized NIH's continued commitment to maintaining objective peer review to uphold the agency's core values of transparency, impartiality, and fairness. NIH will also inform applicants when proposals fall outside an ICO's mission, maintain ICO director authority for final funding decisions, and internally document funding decisions for awarded applications, including their alignment with ICO and agency priorities.

Dr. Schmidt concluded by discussing how the Unified Funding Strategy will affect NCCIH funding decisions. Historically, NCCIH has not relied on paylines but instead has used funding zones—ranges associated with higher likelihood, though not a guarantee, of funding—along with high and low program

priority actions to adjust funding order based on programmatic relevance. Programmatic assessment has always played a major role in NCCIH funding decisions and will continue to do so. In summary, Dr. Schmidt stated that NCCIH's longstanding funding approach aligns well with the core tenets of the Unified Funding Strategy, and as a result, the Center's overall funding strategy will largely remain unchanged.

In closing, Dr. Schmidt cited a recent blog post by Dr. Shurtleff, which reaffirmed that NCCIH's funding strategy remains fundamentally unchanged under the Unified Funding Strategy and that the strategy further enhances the Center's ability to identify and support innovative, high-impact research aligned with its scientific priorities and strategic goals. Dr. Schmidt noted that all of the information presented is publicly available through NIH resources and invited additional comments from Dr. Shurtleff, after which both were available to address Council questions.

**Discussion:** Dr. Shurtleff commented that Dr. Schmidt's presentation effectively highlighted the key elements of the Unified Funding Strategy and noted that the strategy largely increases the transparency of practices that NCCIH has been following for many years.

Dr. Sibinga noted that the current funding round felt quantitatively different. In prior years, there appeared to be fewer applications that fell outside the funding range yet were still advanced for consideration. In contrast, she expressed concern that the current curves of scores appeared to overlap more, with a larger proportion of applications not aligning with expectations based on scores alone. Dr. Sibinga said that, although she did not have data to substantiate this impression, the apparent disconnect made the process feel less transparent and more difficult to interpret.

Dr. Schmidt explained that the introduction of the Unified Funding Strategy coincided with the implementation of the CND designation in peer review. Because the scored applications are drawn from the top tier, scores are more tightly clustered, and programmatic considerations are now more heavily focused on applications in the middle tier. Applications that would previously have been discussed and scored might now fall into the CND review category. She noted that staff are actively adjusting to this new structure and working through the additional complexity it introduces.

Dr. Shurtleff added that this is the first Council round under the new approach and that patterns should become clearer over time as more data accumulate. He further explained that disruptions resulting from the Government shutdown created significant challenges for CSR, necessitating expedited strategies to process a large volume of applications under constrained timelines. He characterized the use of the CND category as a temporary response to the current year's pressures. As a result, more intensive programmatic assessment, with program staff undertaking intensive review of applications in the middle third group is needed. He emphasized that program staff examined reviewer score distributions, assessed consistency among critiques, considered programmatic priorities and career stage, and sought strategic opportunities and gaps in the portfolio. Dr. Shurtleff noted it will be interesting to see if data over time reveals any shift in the relationship between priority scores and what is funded. While acknowledging that the process felt unfamiliar, he stressed that NCCIH remained true to its core principles and commitment to funding the most meritorious science.

Dr. Sibinga acknowledged the substantial effort required of staff and expressed appreciation for their work. She suggested that Council's deliberations might benefit from additional information beyond summary statements, particularly for applications that appear to fall in the CND range yet are

recommended for support. She noted that greater visibility into the factors influencing these recommendations might help Council members feel more confident in providing advice and voting on funding proposals.

Dr. Shurtleff welcomed this suggestion and noted that the lack of scores for CND applications inherently introduces uncertainty. He explained that many of these applications would likely have been discussed and scored under prior review models because some are in the top half. He reiterated that staff worked diligently to provide rationale for advancing certain CND applications and invited Council members to suggest to Dr. Schmidt any additional information that would be useful in future closed sessions. Dr. Wen Chen affirmed Dr. Shurtleff's comments, adding that NCCIH has long used high program priority actions and that the increase in number may reflect the compounding effects of the CND process and recent operational disruptions. She emphasized that, relative to the total pool of applications in NCCIH's range, the number involved remained small.

Returning to her prior comment, Dr. Schmidt elaborated on why the current approach may feel less intuitive. In the past, paylines or funding zones provided clearer signals about funding likelihood. The current framework, while still bound by criteria, can appear more open-ended. As an example of effective programmatic assessment, she noted that some applications in the CND range considered by program staff for funding were rereviewed and received very strong scores, suggesting that staff judgments about scientific merit were well founded.

Dr. Shurtleff reiterated the importance of Council's role as a second level of review and encouraged Council members to continue identifying gaps and opportunities within each funding round. He emphasized that Council input directly informs portfolio shaping and invited continued feedback on what additional information in the closed sessions would support Council's advisory responsibilities.

Dr. Weber added that another contributing factor to the current complexity is the centralization of peer review at CSR instead of applications going to study sections at the ICOs. Because applications are now scored across all of NIH rather than within individual ICOs, comparisons across years or Council rounds have become more difficult. She noted, however, that NCCIH investigators have performed well under this system and that many applications are scoring strongly, alleviating early concerns about centralized review. She encouraged Council members to use summary statements during closed sessions to examine the range of preliminary reviewer scores in the CND category, which often indicate broad enthusiasm with occasional outlier critiques that may affect overall scores.

Dr. Benveniste asked whether Notices of Special Interest (NOSIs) have been eliminated and how NCCIH now communicates its priorities. Dr. Shurtleff confirmed that NOSIs are, with some exceptions, no longer used and explained that NCCIH communicates priorities through its strategic plan, highlighted topics, NOFOs, and direct engagement between investigators and program staff. Dr. Schmidt added that NCCIH's participation in highlighted topics and NOFOs is publicly listed on the centralized NIH Grants and Funding website, which provides a clear reference point for understanding the Center's current areas of emphasis.

Dr. Brolinson asked whether CSR reviewers include individuals with experience in complementary and integrative health research. Dr. Shurtleff confirmed that they do and said he has been encouraged by the review process so far. Dr. Brolinson noted that, for some of the middle third applications, a single critical review appeared to disproportionately lower an application's standing, and after reading such reviews, Dr.

Brolinson sometimes questioned whether all reviewers fully understood certain proposals. Dr. Shurtleff acknowledged the observation and reiterated that this is precisely where program staff analysis is essential.

In closing the discussion, Dr. Shurtleff recognized that transitioning to new processes may feel challenging. He emphasized NCCIH's openness to feedback and commitment to providing Council members with the information needed to support thoughtful advisory input. Dr. Schmidt then concluded the session and announced a brief break before the meeting resumed.

## VI. Moving Forward—Outlining a Vision for NIH and NCCIH

### Advancing NIH's Mission

NIH Director Dr. Bhattacharya, through a prerecorded presentation, provided an overview of how NIH is advancing its mission through a renewed emphasis on gold-standard science, innovation, and public health impact. He highlighted NCCIH's leadership role in advancing a whole person health approach across NIH, noting that this integrative framework—focused on interactions across biological systems and the continuum from health to disease—is central to NIH's broader response to national efforts to improve population health through the MAHA movement. Dr. Bhattacharya recognized NCCIH's longstanding contributions to this work, particularly in addressing chronic and high-impact chronic pain through nonpharmacologic and behavioral interventions.

Dr. Bhattacharya highlighted several examples of rigorous, high-impact research supported by NCCIH, including large randomized clinical trials demonstrating the effectiveness of acupuncture for chronic low-back pain in older adults, mindfulness-based stress reduction for improving pain and physical function, and mindfulness-oriented interventions to reduce opioid cravings and substance use. He emphasized that these studies exemplify rigorous science that addresses critical public health challenges while minimizing harm.

Turning to an NIH-wide strategy, Dr. Bhattacharya made the case for redoubling investment in "frontier" science. Drawing on empirical analyses of biomedical publications, he showed that NIH support for the most novel, cutting-edge ideas has declined over time as funding decisions became more conservative. He argued that an overreliance on overall scores—often driven more by methodological certainty than by innovation—can disadvantage high-risk, high-reward research. The recently implemented Unified Funding Strategy is intended to address this by moving away from paylines, empowering ICOs to take intellectual risks, better align funding with mission priorities, and increase support for early-career investigators and novel ideas. Dr. Bhattacharya emphasized the importance of a research portfolio collectively advancing human health, and not that all projects necessarily succeed individually.

Dr. Bhattacharya also addressed the reproducibility and replication challenges facing biomedical science. He distinguished reproducibility, replicability, and generalizability, noting that insufficient investment in replication has undermined confidence in published findings. He outlined NIH's plans to treat replication as a core and valued component of scientific progress. This plan includes encouraging investigator-initiated replication proposals, developing publication platforms for replication studies, and enhancing the visibility of replication evidence through PubMed. Dr. Bhattacharya emphasized the need for a cultural change in science to reframe replication and reproducibility as a positive collaborative effort. He said this can be achieved by changing the metrics by which scientific productivity is judged. Instead of focusing solely on the number of published papers and citations, Dr. Bhattacharya suggested

considering a broader range of metrics, including how often papers are subject to replication and how often data, code, or tissue samples are shared.

Dr. Bhattacharya discussed the concentration of NIH funding among a relatively small number of institutions and proposed strategies to broaden participation nationwide. He described efforts to decouple institutional infrastructure support from individual grant success, to encourage greater geographic and institutional diversity, and to create a more competitive and equitable system for facilities funding. He concluded that these reforms taken together—support for frontier science, stronger investment in replication, and a broader national research base—will strengthen scientific rigor, accelerate discovery, and better position NIH to address the nation's health challenges.

Finally, Dr. Bhattacharya provided some NIH updates, including information on the NIH and NCCIH FY 2026 budgets, the solution for streamlining this year's peer review process, and changes to simplify the grant application process. Dr. Bhattacharya ended by saying that NIH's reforms and gold-standard science will empower scientists to investigate the newest ideas and link those ideas to the country's health problems. Dr. Bhattacharya said NCCIH has a long, strong track record, and he is looking forward to seeing what NCCIH produces and supports in the coming year and to working together to make America healthy.

**NIH Make America Healthy Again (MAHA) Initiative**

Dr. Richard Woychik, senior advisor to the NIH director, presented an overview of NIH's strategy to implement the U.S. Department of Health and Human Services (HHS) MAHA Initiative, which addresses the nation's chronic disease epidemic by identifying and targeting root causes, promoting prevention, and reforming America's food, health, and scientific systems. He emphasized that chronic disease arises from interacting genetic, environmental, behavioral, dietary, and social factors rather than single causes and that NIH's response must therefore be integrative and coordinated across ICOs.

Dr. Woychik said HHS identified 33 scientific mandates for NIH that, in following the MAHA agenda, encompass research in areas such as nutrition, environmental exposures, physical activity, mental health, substance use, cancer, and vaccines. He noted that the NIH MAHA strategic framework builds on existing NIH strengths, investments, and ICO organizational infrastructure, rather than creates new bureaucracy. The strategy aims to enhance alignment of ongoing research, improve cross-NIH coordination on chronic disease research, employ NIH's remarkable world-class assets, and generate actionable results that can meaningfully improve health outcomes.

Dr. Woychik highlighted the whole person health framework as the core organizing principle for MAHA implementation. He acknowledged NCCIH's leadership in advancing this framework across NIH, and he noted that Dr. Bhattacharya is firmly embracing it.

Dr. Woychik outlined the proposed MAHA governance and implementation structure, which includes a MAHA steering committee (chaired by Dr. Woychik and composed of ICO directors and the DPCPSI director) to provide strategic oversight, along with a set of integration platforms and thematic coordination groups (consisting of working groups of subject matter experts). The integration platforms are designed to support chronic disease research through shared data and research infrastructure, and they include the following:

- Real-world data and artificial intelligence (AI)
- Clinical and community networks grounded in whole person health

- Life-course cohort integration

The thematic coordination groups focus on new and existing scientific research initiatives relevant to specific chronic disease domains and include the following:

- Nutrition, metabolism, and health promotion
- Environmental and chemical exposures
- Oral-systemic health, physiological resilience, and inflammation
- Neurodevelopment, mental health, and cognitive resilience
- Substance use, prescribing, and therapeutic safety
- Immunologic interventions and differential responses
- Cancer etiology, early detection, and survivorship

Dr. Woychik emphasized that this structure builds on successful NIH models for collaboration across ICOs and is intended to facilitate portfolio analyses by subject matter experts, leverage existing resources and platforms, identify research gaps and complementary research, and establish and align priorities. Dr. Woychik noted that NCCIH is a key participant in the integration platform focused on clinical and community networks incorporating a whole person health approach. The key responsibilities of this integration platform are the following:

- Inform CARE for Health™ implementation through a whole person health perspective
- Leverage NIH Community Engagement Alliance (CEAL) support research on health promotion and chronic disease prevention
- Study pediatric and adult chronic disease across the lifespan
- Establish a platform to integrate work across all ICOs
- Coordinate whole person health multilevel, multisystem research using integrative methods
- Design and oversee integrated demonstration sites
- Ensure comprehensive exposome measurement across networks
- Identify cross-thematic coordination group opportunities leveraging whole person health principles and methods

Dr. Woychik outlined next steps, including completion of the NIH-wide portfolio analyses, continued activation of the thematic coordination groups and integration platforms, and ongoing engagement with ICO leadership in the steering committee. Upon identifying relevant projects already underway and projects that will address research gaps, Dr. Woychik will communicate this information to President Trump and Secretary Kennedy, showing them and the American public that NIH is successfully pursuing work in support of their interests.

**Whole Person Health Initiative**

Dr. Langevin provided an overview of the Whole Person Health Initiative and reflected on the momentum that has been established at NIH to advance this integrative research framework. Dr. Langevin emphasized the strong alignment between whole person health and current NIH and HHS priorities. She acknowledged NCCIH's leadership in sustaining and expanding whole person health, and she saluted the entire NCCIH staff for carrying on the work outlined in Dr. Shurtleff's report. Dr. Langevin also commended Dr. Woychik in leading the NIH MAHA Initiative.

Dr. Langevin explained that advancing whole person health research requires two fundamental, interconnected shifts in thinking. The first is a transition from fragmented, reductionist models of disease to approaches that integrate multiple physiological systems and levels of organization. She highlighted the Whole Person Reference Physiome Research and Coordination Center as a key foundational effort supporting this first shift. The second shift in thinking is moving from a predominantly negative focus on reducing symptoms, disease biomarkers, or unhealthy behaviors toward a positive focus on health measures, including well-being, resilience, self-efficacy, healthy behaviors, and restoration of physiological health (e.g., autonomic self-regulation, interoceptive awareness, immune resilience).

Dr. Langevin noted that while measures of positive health are beginning to emerge—such as well-being and resilience scales—additional work is needed to develop objective biomarkers and physiological health signatures in mechanistic studies. Dr. Langevin described ongoing efforts, including a project supported through the Bridge2AI program, which applies deep phenotyping and AI to identify health trajectories and mechanisms associated with salutogenesis.

Dr. Langevin emphasized the importance of recognizing whole person health research across NIH portfolios. To determine if a project is moving toward the whole person, the questions "Does it study the interconnection of multiple physiological systems?" and "Does it study the effect of multicomponent interventions on one or more physiological systems?" can be asked. To determine if a project is moving toward health, the questions "Does it study a basic mechanism of physiological health?" and "Does it measure the impact of an intervention on an aspect of physiological health restoration?" can be asked. Dr. Langevin provided an example of whole person health research by Dr. Gary Deng on acupuncture in hospitalized patients with sepsis. (The data had not been published yet.)

Dr. Langevin encouraged investigators to clearly identify their grant applications as being relevant to whole person health and to show how their studies address multisystem integration and movement toward health. She suggested that investigators include keywords (e.g., "whole person research," "multicomponent intervention," "health restoration," and "positive health process") in the title or abstract of the grant application, incorporate the whole person health diagram in the background and significance section, or include the Whole Person Health Index as an outcome measure, either as a primary outcome for observational studies or a secondary outcome for clinical trials.

Dr. Langevin provided updates on the Whole Person Health Index, a short, multidimensional self-report measure developed under NCCIH leadership. Dr. Langevin noted that the validation paper on the Whole Person Health Index from the NHIS group will be published soon, and the index has already been deployed at scale through the NIH *All of Us* Research Program, with tens of thousands of participants completing the measure and repeated administrations planned. She highlighted growing interest in applying the Whole Person Health Index beyond research settings, including clinical care, educational institutions, and employee wellness programs, and shared early examples of its implementation in health systems and integrative oncology settings.

In closing, Dr. Langevin emphasized that maintaining and expanding the Whole Person Health Initiative will require deliberate processes to identify, review, and support research that addresses multisystem integration, multicomponent interventions, physiological health restoration, and positive health processes. She underscored that this approach is critical for sustaining scientific momentum and for addressing the nature of chronic disease, ultimately moving the U.S. population toward improved health and well-being.

**Discussion:** Dr. Benveniste said she found it difficult to reconcile what was presented by Drs. Langevin and Woychik with the lack of a budget for NCCIH.

Dr. Shurtleff responded by emphasizing NCCIH's continued commitment to advancing the whole person health framework regardless of fiscal uncertainty. He underscored that NCCIH, in collaboration with partners across NIH, remains focused on supporting Dr. Woychik's framework and strategic structure for the NIH MAHA Initiative. He noted that final budget decisions rest with Congress.

Dr. Benveniste added that Council members stand ready to assist and asked how they might be helpful. Dr. Shurtleff acknowledged Council's strong support and noted that broad engagement and advocacy from the extramural community are important avenues through which support for NCCIH's mission can be conveyed. He expressed confidence that the value of NCCIH's work is well understood across NIH leadership and that this support would be reflected as budget deliberations proceed.

Dr. Langevin said the Coalition for Whole Person Health Research will play an important role and is already mobilized. In her advisory role with the Academic Consortium for Integrative Medicine & Health, she plans to be part of the collective effort to advocate for NCCIH.

Dr. Woychik reinforced that whole person health belongs as a framework for the entire NIH, with NCCIH's leadership being foundational, and he believes they are moving in that direction. He stated that the MAHA agenda provides an important catalyst for integrating whole person health principles across all NIH activities and for leveraging the framework to tackle chronic disease.

Dr. Soumyanath then asked how the whole person health framework applies to preclinical research, particularly in studies of botanical products. She noted that while the framework seems to readily apply to clinical contexts, guidance would be helpful for investigators working in preclinical research on how to incorporate whole person health or whole organism health.

Dr. Woychik responded that the preclinical domain is always the beginning, and therefore basic science is necessary for whole person health. Drawing parallels between whole person health, exposomics, and genomics, Dr. Woychik reinforced the importance of moving beyond single-factor models to new strategies that account for multiple elements, exposures, and interactions. He said the second integration platform—clinical and community networks grounded in whole person health—establishes the operational principles for scientific work across the thematic coordination groups.

Dr. Langevin concurred and expanded on the relevance of basic research to understanding positive health processes such as resilience, repair, and restoration. She noted growing evidence for nonlinear, biphasic responses to various stimuli—including chemicals, physical activity, and other stimuli—and emphasized that such phenomena are highly relevant to whole person health and preclinical studies.

Dr. Soumyanath acknowledged that preclinical models allow for greater experimental control but noted ongoing challenges in identifying outcomes that translate meaningfully to human health. Dr. Shurtleff responded that the MAHA organizational structure described by Dr. Woychik is designed to foster synergy across the research continuum, from basic and preclinical studies through clinical and effectiveness research. He said that basic research surely has a role to play in this.

Dr. Shurtleff invited any questions for Dr. Bhattacharya to be emailed to Dr. Schmidt.

## VII. Concept Clearances

### The Helping to End Addiction Long-term Initiative, or NIH HEAL Initiative, Whole Joint Health Program

Dr. Alexander Tuttle, acting deputy chief of NCCIH's Basic and Mechanistic Research Branch, provided an overview of the proposed NIH HEAL Initiative Whole Joint Health Program, which already received approval from the NINDS Council. Dr. Tuttle explained that the program is designed to advance mechanistic understanding of joint pain using a whole-joint framework and to support nonpharmacologic and multimodal intervention studies that target underlying pain mechanisms.

Dr. Tuttle explained that joint pain is not driven solely by articular tissues such as bone, cartilage, or synovium. Rather, it may also reflect contributions from periarticular tissues—including muscle, adipose tissue, ligaments, tendons, and fascia—as well as interactions with the peripheral nervous system and other peripheral systems. Much of the existing musculoskeletal pain research has focused on skeletal tissues and the central nervous system, leaving gaps in understanding how multitissue and multisystem processes contribute to joint pain and pathophysiology.

Dr. Tuttle highlighted recent scientific and technological advances—such as imaging, biomechanics, tissue-specific omics, electrophysiology, and digital health tools—that now make it feasible to study whole-joint pain mechanisms in a rigorous and clinically meaningful manner.

Dr. Tuttle outlined two primary program goals. The first is to identify multisystem mechanisms contributing to joint pain and pathophysiology, including interactions among periarticular tissues, articular structures, and the peripheral nervous system. The second is to test the effects of nonpharmacologic and multimodal interventions on these identified mechanisms to determine not only whether pain outcomes improve, but also how interventions mechanistically correct pathophysiology, support healing, and resolve pain in joints. He explained that the program is envisioned as a phased effort, beginning with mechanistic discovery and validation, followed by targeted intervention studies grounded in those mechanistic insights.

**Discussion:** Dr. Schmidt reiterated that this concept was already approved by the NINDS Council and would not require voting by the NACCIH. There were no other comments or questions.

### NIH HEAL Initiative: A Holistic Approach To Study Non-Addictive Natural Products for Pain Management

Dr. Patrick Still, a program director in NCCIH's Basic and Mechanistic Research Branch, presented an NIH HEAL Initiative concept that proposes a holistic, systems-level framework to study nonaddictive natural products for pain management. He emphasized that pain is a major driver of the opioid crisis and that safer, evidence-based alternatives are urgently needed. Although natural products such as curcumin, cannabidiol, and capsaicin are widely used to manage pain, their mechanisms of action across tissues and systems and how to optimize their use remain poorly understood.

Dr. Still noted that many current pain research approaches focus on single molecular targets, whereas pain is a multisystem process involving coordinated neural, immune, and metabolic processes. Natural products are inherently multicomponent and pleiotropic, with effects that vary by dose, timing, and

biological context. This complexity underscores the need for an integrative research framework that better reflects both the biology of pain and real-world use of these interventions.

The proposed initiative is organized around three interconnected domains encompassing dose, timing, and spatial effects. Regarding the first domain, Dr. Still highlighted the importance of hormetic dose–response relationships, in which low doses may confer benefit while higher doses are less effective or harmful. He noted a lack of well-designed studies to define hormetic dose windows. Regarding the second domain, Dr. Still emphasized that the biological timing of an intervention is critical, as inappropriate suppression of early inflammatory responses may exacerbate chronic pain. And regarding the third domain, Dr. Still said the initiative promotes spatially informed research to map how natural products act across interconnected organ systems rather than at a single target.

Dr. Still concluded that the initiative aims to generate a predictive, mechanistic understanding of how natural products influence pain by investigating multisystem effects in preclinical and clinical models and by characterizing dose and temporal dynamics.

**Discussion:** Dr. Cech said she liked Dr. Still's attention to the importance of timing and dosage, the mechanistic understanding, and the complexity of the biological response. She asked Dr. Still whether the initiative would encourage investigation of the unique chemical complexity of natural products and how that might apply to pain interventions and responses. Dr. Still confirmed that this initiative will focus on chemically complex mixtures and will welcome applications in that area. He emphasized a focus on natural products already being used by the public, which include chemically complex mixtures and extracts, such as boswellia and turmeric.

Dr. Soumyanath commended Dr. Still on a great concept and said the topic appears to be highly suited to preclinical studies that encompass the nature of whole person and whole organism research.

A motion to approve the concept was made, seconded, and approved.

### NIH Blueprint for Neuroscience Research: Establishing a Research Network To Guide Foundational Research on Human Consciousness

Dr. Erin Quinlan, acting chief of NCCIH's Basic and Mechanistic Research Branch, presented a proposed concept to establish an interdisciplinary research network focused on advancing foundational research on human consciousness. Although consciousness is a fundamental aspect of human experience, its neural basis remains poorly understood. Consciousness is relevant to numerous conditions, including coma, dementia, traumatic brain injury, stroke, seizure, and sleep disorders.

Dr. Quinlan said the NIH Blueprint for Neuroscience Research is a collaborative framework that aims to accelerate transformative discoveries in brain function in health, aging, and disease. It pools expertise and resources across 12 NIH ICOs to address challenges in neuroscience that are too large for any single ICO. Dr. Quinlan noted that NCCIH is well positioned to lead the proposed effort, given its experience leading research networks and the relevance of consciousness to NCCIH's mission. Dr. Quinlan said improved understanding of the physiological and neurobiological processes of consciousness could help advance basic and mechanistic research on complementary and integrative health approaches that have therapeutic benefit and involve shifting states of consciousness, such as meditation. The improved understanding of consciousness could also help identify links between substrates of consciousness and interoceptive processes.

Dr. Quinlan highlighted that the proposed initiative builds on insights from a 2023 NIH-hosted workshop, *Next Frontiers in Consciousness Research,* which identified substantial fragmentation in the field due to differing definitions, theoretical frameworks, and experimental paradigms. Key workshop conclusions emphasized the need for convergence on shared, theory-neutral, empirically grounded principles to distinguish biological structures and processes essential for consciousness from those that play modulatory roles.

The proposed research network would support community-building and consensus-generating activities. Planned activities include interdisciplinary meetings, workshops, and visiting scholar programs; development of reliable measures, indicators, and metrics of consciousness; and dissemination of consensus-based resources such as white papers and repositories.

Dr. Quinlan concluded that advancing the science of human consciousness through a coordinated research network aligns with NIH-wide and HHS priorities by promoting evidence-based innovation, whole person health approaches, and improved understanding of brain function relevant to public health. Dr. Quinlan emphasized that the initiative would establish a rigorous, reproducible foundation to enable more precise diagnostics, prognostics, and clinical decision making in the future, ultimately reducing disease burden and improving whole person health.

**Discussion:** Dr. Benveniste said she thinks the consciousness initiative is fantastic and asked when it would be rolled out. Dr. Quinlan said a roll-out date would still need to be determined. Dr. Schmidt explained that a concept must be approved, then the NOFO is written, followed by approval and publication of the NOFO. Dr. Schmidt said she is hesitant to talk about a possible timeline in much detail at this point. She said approved concepts will be published on the NCCIH website.

A motion to approve the concept was made, seconded, and approved.

**Feasibility Studies To Inform the Design of Future Clinical Trials**

Dr. Lanay Mudd, acting chief of NCCIH's Clinical Research in Complementary and Integrative Health Branch, presented a concept focused on supporting feasibility studies to inform the design of future clinical trials. The concept, led by NCCIH, aligns with NIH's efforts to simplify the funding opportunity landscape by moving toward broader funding mechanisms that support investigator-initiated research, enhance investigator flexibility, reduce fragmentation and duplication of science, and decrease administrative complexity.

Dr. Mudd described feasibility studies as a critical step in the clinical research continuum, as they address the fundamental question of whether a trial can be successfully conducted before testing whether an intervention works. She emphasized that feasibility studies generate essential evidence on recruitment and retention, acceptability of interventions, fidelity of implementing intervention and control conditions, outcome selection, and operational considerations. By addressing these elements upfront, feasibility studies enhance the rigor and reproducibility of subsequent efficacy or effectiveness trials.

Dr. Mudd highlighted NCCIH's experience and success in supporting feasibility research, noting examples in which early-stage feasibility studies led to fully powered, multisite efficacy trials. Portfolio analyses in 2023 demonstrated that a substantial proportion of investigators receiving NCCIH feasibility awards secured funding to advance their research to the next phase of intervention development and testing.

Dr. Mudd outlined the concept's objectives, which include supporting clinical trials that assess feasibility and acceptability of key trial elements and supporting related activities such as qualitative or mixed-methods research, intervention tailoring or adaptation when scientifically justified, and development of study implementation materials. Dr. Mudd noted that the concept is intentionally broad and focused on methodology instead of specific scientific concepts, which enables participation of ICOs across NIH and allows ICOs to support studies aligned with their scientific missions and research priorities.

**Discussion:** There were no questions or comments.

A motion to approve the concept was made, seconded, and approved.

**Pragmatic and Implementation Trials Conducted in Health Care Settings**

Dr. Beda Jean-Francois, a program director in NCCIH's Clinical Research in Complementary and Integrative Health Branch, presented a proposed concept to support pragmatic and implementation trials conducted in real-world health care settings. She explained that this concept, led by NCCIH, focuses on later stages of the clinical research continuum, addressing the critical question of whether interventions that have demonstrated efficacy under controlled conditions remain effective when delivered as part of routine health care practice. Real-world health care settings vary substantially in patient populations, workflows, staffing resources, and local context, and these factors can influence both intervention effectiveness and implementation success.

Dr. Jean-Francois emphasized that NCCIH is well positioned to lead this multi-ICO effort, based on its long-standing leadership of the NIH Pragmatic Trials Collaboratory, a national resource that has advanced methods, partnerships, and infrastructure for large-scale embedded research in health care systems. Successes from the Collaboratory have informed other NIH efforts focused on pragmatic trials in pain and dementia.

Dr. Jean-Francois said pragmatic and implementation trials provide rigorous methods to evaluate interventions, clinical guidelines, technologies, and policies as they are routinely delivered within health systems. These studies also help inform decision making across multiple levels of public health. Dr. Jean-Francois said investment in pragmatic and implementation trials advances NIH priorities for replication, reproducibility, and gold-standard science.

Dr. Jean-Francois outlined the two main objectives of the proposed concept. The first objective is to support large-scale pragmatic trials of evidence-based clinical, behavioral, preventive, or system-level interventions in real-world settings. The second objective is to support implementation studies that test evidence-based delivery strategies to promote adoption, adaptation, integration, and sustainability of evidence-based interventions in real-world settings. Dr. Jean-Francois emphasized that the concept is intentionally broad and methodology-focused to allow participation across NIH ICOs while supporting research aligned with individual ICO missions.

**Discussion:** Dr. Brolinson said this type of work and approach will be critical for promoting health in rural and medically underserved communities, and he thanked NCCIH for directing its efforts in this area. Dr. Soumyanath agreed with Dr. Brolinson's excitement for the proposed work. She then asked Drs. Jean-Francois and Mudd how these types of studies are currently being funded and whether they are in the general pool of applications. Dr. Mudd said that NCCIH currently offers a whole suite of clinical trial funding opportunities on its website, including different funding opportunities that support each of the

framework bubbles discussed in their presentations. She explained that ICOs currently fund clinical trials in slightly different ways, so there is an effort across NIH to move toward broader funding opportunities suitable for most ICOs. Dr. Mudd said their two Council concepts are requesting clearance for them to work on these broader initiatives that can coordinate with other ICOs. Dr. Shurtleff said this combined effort reflets the overall strategy at NIH to reduce the number of NOFOs. He said there will be a parent-like announcement to respond to, and it will cover more than one ICO. The interests of individual ICOs will be noted within the NOFOs. Dr. Sibinga expressed her approval of both concepts, noting that learning from challenges encountered in clinical research can lead to valuable opportunities for identifying beneficial outcomes. She emphasized that feasibility and implementation studies are essential components in achieving reproducibility and rigor objectives.

A motion to approve the concept was made, seconded, and approved.

## VIII. Acknowledgment of Received Public Comments

Dr. Schmidt stated that current procedure requires that any member of the public who wishes to submit comments may send them in writing to Dr. Schmidt by email (Martina.Schmidt@nih.gov) or postal mail, no later than 14 days prior to the date of the Council meeting. All written comments must be under 700 words in length, which is consistent with a 5-minute oral presentation. Written comments will be provided to Council members in the Electronic Council Book in advance of the Council meeting. Dr. Schmidt will acknowledge receipt of these comments during the open session. No public comments were received for this meeting.

## IX. Final Remarks and Adjournment

Dr. Schmidt thanked NCCIH staff for their work in making this meeting possible and thanked Council members for their hard work and participation. She also thanked guest speakers Drs. Bhattacharya, Woychik, and Langevin. Dr. Shurtleff expressed gratitude to NCCIH staff and Council members. The next Council meeting will be held virtually on June 29, 2026. The meeting adjourned at 4:35 p.m. ET.

We hereby certify that, to the best of our knowledge, the foregoing minutes are accurate and complete.

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Martina Schmidt, Ph.D.
Executive Secretary
National Advisory Council for
Complementary and Integrative Health

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David Shurtleff, Ph.D.
Acting Chairperson
National Advisory Council for
Complementary and Integrative Health