July 15, 2025

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National Institutes of Health (NIH)
9000 Rockville Pike
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Re: Comments on Request for Information (RFI): Inviting Comments on the NIH Artificial Intelligence (AI) Strategy NOT-OD-25-117

The Washington State Department of Health (DOH) appreciates the opportunity to provide feedback on the National Institutes of Health's Request for Information (RFI) titled "Inviting Comments on the NIH Artificial Intelligence (AI) Strategy" released on June 3, 2025. As a state agency committed to protecting and improving the health of all people in Washington, we recognize the pivotal role NIH plays in advancing research that informs disease prevention, treatment, and public health practice. We welcome this strategic focus on artificial intelligence (AI), which offers enormous potential to enhance both biomedical research and applied public health capabilities.

Strategic Architecture

DOH supports NIH's phased approach to AI development and recognizes the value in laying out a forward-looking vision. The strategy would benefit from the addition of concrete milestones and timelines, which would help stakeholders measure progress and align expectations. Standards for system evaluation and retirement are also critical. For instance, clear criteria for transitioning between phases would improve transparency and accountability throughout the AI development lifecycle. To this end, AI algorithms need to be continually monitored. Criteria could include performance benchmarks or outcomes-based assessments.

Research and Innovation

The emphasis on advancing biomedical and computational innovation aligns well with current scientific trends. However, we encourage NIH to more prominently feature public health applications of AI. These include outbreak forecasting, synthetic data generation for small population research, and natural language processing to improve disease surveillance and

reporting. We also encourage NIH to invest in fundamental research on ethical and trustworthy AI, including explainability and valid inference that are critical for biomedical research using AI.

Moreover, we recommend expanding support for the development and sharing of benchmarking datasets that reflect the diverse populations, data quality, and resource settings encountered in real-world public health. This would help ensure that AI research translates effectively into operational tools, particularly for under-resourced and state-level public health systems. In addition, we urge NIH to consider mechanisms that return research benefits to the states contributing data supporting local research, workforce development to include research and practice fellowships, and infrastructure.

Intramural–Extramural Synergy

We commend NIH's emphasis on open-source tools and public–private collaboration. To maximize the impact and sustainability of this approach, we recommend establishing formal shared governance frameworks that define how models will be licensed, updated, and maintained between intramural and extramural partners.

We also urge NIH to invest in federated data infrastructure pilots. These would allow diverse partners to participate in AI development without requiring centralized data transfer thereby respecting data sovereignty, local privacy laws, and varying levels of technical capacity. NIH should consider resources for data servers and computing power in these pilots. We need to develop more energy conscious and efficient computing.

Operational Excellence

The proposal to incorporate AI tools into internal NIH administrative functions—such as peer review support, grant application triage, and summary generation is a positive step. We recommend prioritizing pilots in lower-risk administrative areas to build internal capacity and refine tools before broader deployment. It is also essential that any AI integration maintains interoperability with existing NIH systems and workflows, reducing barriers to adoption across the enterprise.

To ensure operational excellence, DOH recommends that NIH strongly consider needs for adoption and re-skilling of the workforce with AI. Government employees, providers and patients need to understand the capabilities and drawbacks of using new technology to facilitate use and maximize the impact of current and future technologies.

Healthcare Validation

NIH's collaboration with agencies such as the FDA and VA to validate AI in healthcare settings is critical. However, we encourage expanding validation efforts beyond clinical and biomedical research environments to include public health and community-based care settings. Establishing NIH-led AI testbeds within these contexts would ensure AI tools are robust, equitable, and

applicable to real-world conditions particularly within underserved or resource-limited systems where the impact could be greatest.

Academic institutions can serve as independent arbiters of the validity, accuracy, and applicability of AI technologies. NIH should consider funding academic institutions as neutral evaluators to validate if AI tools meet their intended goals.

Trust and Ethics

Trust is foundational to any national AI strategy, and we urge NIH to include mechanisms such as institutional review boards that support transparency and public accountability. This includes creating an AI model auditing network to assess funded projects for fairness, explainability, reproducibility, and ethical compliance. NIH should also provide clear guidance on model pre-registration, training dataset versioning, and documentation practices to support model traceability and responsible innovation.

DOH also emphasizes the importance of respecting federal and Washington State privacy laws, especially regarding data from wearables or consumer-facing digital health technologies. NIH must address how such data will be governed in accordance with federal and state regulations.

We note concern about references to "self-documenting biomedical AI beings" within the RFI. This language introduces ambiguity and raises ethical questions about autonomy, decision-making, and the potential anthropomorphizing of AI systems. We request that NIH define this term explicitly and outline the ethical framework guiding its development.

General Observations

Overall, the NIH AI Strategy is ambitious and well-structured. To strengthen its operational utility, we recommend the inclusion of time-phased goals and deliverables across all six strategic sections. The addition of cross-cutting public health use cases—such as pandemic response or chronic disease management would further ground the strategy in relevant, real-world impact. Finally, building capacity among extramural researchers, especially those with limited experience in AI development, will be essential to ensuring equitable participation and nationwide benefit.

If you have any questions, please contact Mike Ellsworth at Michael.Ellsworth@doh.wa.gov or the Director, Federal and Inter-State Affairs for Governor Ferguson's Washington, D.C. office Rose Minor at Rose.Minor@gov.wa.gov Thank you.

Sincerely,

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