



October 13, 2026

Dr. Jay Bhattacharya
Director
National Institutes of Health
1 Center Drive MSC 0122
Bethesda, MD 20892-0122

Re: Request for Information (RFI) on Proposed Changes to Reporting Outcomes from NIH Peer Review

Dear Dr. Bhattacharya,

Research!America appreciates the opportunity to comment on NIH's Request for Information on Proposed Changes to Reporting Outcomes from NIH Peer Review (NOT-OD-26-088). Independent peer review has long been foundational to NIH grantmaking and to the extraordinary legacy of scientific discovery and medical progress that NIH-supported research has helped make possible. Peer review provides a rigorous basis for deciding how taxpayer-supported research funding is awarded, by ensuring proposed research is scientifically and technically sound.

Given the central role peer review has played in the success of the U.S. biomedical research system, Research!America appreciates NIH's deliberative approach to considering changes to this longstanding process and hopes that your continued deliberations will be fully transparent.

Summary of Research!America's Recommendations:

1. **Peer Review Is the Foundation of NIH's Success:** Keep independent peer review at the center of NIH grantmaking. NIH's extraordinary record of scientific and medical progress has been built on a system in which independent experts assess the scientific and technical merit of proposed research. Changes to that system should strengthen, not diminish, the role of peer review and the transparency needed to ensure that funding decisions remain grounded in scientific merit.
2. **Transparency Supports Oversight and Informed Decisions:** Enable program staff, Institute and Center leadership, Advisory Councils, and applicants to continue to see the final overall impact score and percentile, so that the second level of review and accountability for funding decisions remains meaningful. If moving forward with binning, NIH should reconsider the number of categories. The proposed categories

effectively create only two tiers of discussed applications. Any categories should supplement, not replace, the score and percentile.

3. **Major Changes Require Pilot Testing:** Pilot-test the proposed changes in a limited set of Institutes and/or Centers using a rigorous evaluation plan and public reporting of the results before deciding whether to implement substantial changes, including testing how many categories best preserve meaningful distinctions among applications.
4. **Staffing, Training, and Systems Support Are Essential to Implementation:** Pair implementation of any change with a public plan demonstrating that NIH has in place the staffing, training, and systems support that program staff will need to effectively transition to any new model.

1. Peer Review Is the Foundation of NIH's Success:

For decades, peer review has provided a rigorous, science-based assessment of whether proposed research is well designed, can achieve its aims, and can contribute meaningfully to scientific and medical progress. It also provides an essential safeguard against individual funding decisions being commandeered by political priorities or other considerations unrelated to scientific merit. As discussed below, we are particularly concerned that the proposed changes would reduce visibility into peer review outcomes. When the role of peer review in final funding decisions is harder to see, it also becomes harder to determine when other considerations have displaced scientific merit.

2. Transparency Supports Oversight and Informed Decisions:

Research!America is concerned that restricting access to information NIH already collects sacrifices transparency. Under this proposal, reviewers would continue to provide individual overall impact scores, and NIH would continue to calculate a final overall impact score for each discussed application. That score would determine whether an application is placed in the "Most Competitive" or "Competitive" category, but the score itself, and the percentile where applicable, would be withheld from applicants, NIH program staff, Institute and Center leadership, and NIH Advisory Councils.

Transparency is essential to the integrity of NIH grantmaking. Access to peer review results makes it possible to examine how scientific merit relates to funding decisions, identify unintended consequences, evaluate the effects of policy changes, and continuously improve the grantmaking system that benefits taxpayers and patients. Withholding information that NIH already collects would make these tasks more difficult. Advisory Councils in particular provide a critical second level of review and asking them to evaluate

funding plans without the scores underlying each application's category weakens their ability to provide meaningful oversight. When funding decisions depart from peer review results, as they sometimes do today and will continue to, it should continue to be possible to see where and why.

Withholding scores also prevents program officers and Advisory Council members from recognizing that an application just outside a boundary is effectively indistinguishable from one just inside it, and from weighing that accordingly alongside portfolio balance. De-emphasizing a number is not the same as withholding it, and experts are best positioned to exercise the good judgment they are brought together to provide when they have the full picture.

Additionally, access to peer review results matters to individual researchers. Written critiques are valuable, but the final overall impact score provides information that critiques alone do not. The final overall impact score reflects the judgment of the full panel after discussion, not just the assigned reviewers, and tells an investigator how close their application came to being competitive, in comparison to the other proposals. That information helps researchers decide whether to revise and resubmit, or pursue a new direction, ultimately strengthening the quality of applications and the quality of proposed science. These scores provide valuable information regardless of the funding outcome. And if the scores are being generated anyway for NIH's use, it makes little sense to withhold them from the other interested party who would benefit from them: the applicant.

Binning Creates Artificial Boundaries

We agree with NIH that peer review scores are imperfect estimates, that strict paylines can turn virtually indistinguishable differences into funding cliffs, and that a single number can anchor decision-makers too strictly. However, NIH can reduce over-reliance on small score differences while preserving transparency.

The proposed "binning" approach does not remove the cutoff but instead relocates it. With only two categories for discussed applications, the 25th percentile becomes a de facto cliff: applications at the 24th and 26th percentiles, nearly identical in merit, would receive different labels, while those at the 1st and 24th would be reported as equivalent. This obscures meaningful differences within categories while creating artificial ones at their boundaries.

If NIH opts to move forward with aspects of this proposal following the insights gained from this RFI solicitation, Research!America urges NIH to reconsider the number of categories. More categories would lower the stakes at any single boundary, but they should

supplement, not replace, the overall impact score and percentile. The goal of keeping scores from dictating decisions is best served by guidance and training on how to use them, which the Unified Funding Strategy already provides, rather than by withholding them.

3. Major Changes Require Pilot Testing:

We urge NIH to conduct an initial pilot for any substantive changes to the peer review system to establish a baseline for feasibility, evaluate and publish the results, and then generate a refined proposal based on the pilot. A pilot could also test how many categories best preserve meaningful distinctions among applications. For example, a pilot can compare the three-category proposal to a larger number of categories. Whether viewed from the perspective of patients waiting for solutions or taxpayers who expect responsible allocation of federal resources, it simply makes sense to pilot test major changes to the evaluation of NIH grant proposals. The multi-institute and center structure of NIH affords the opportunity to test changes of this nature before investing the time and costs involved in an NIH-wide transition.

4. Staffing, Training, and Systems Support Are Essential to Implementation:

If NIH ultimately decides to make substantive changes to the current peer review system, we urge NIH to first develop and release to the public the staffing, training, and systems support plan that will guide the transition to the new review process. NIH has the lowest staffing levels in two decades. Research!America is concerned that without additional staff, training, and systems support, additional major changes risk further delays in getting awards out the door and uneven practices across the agency.

Conclusion:

NIH's leadership has argued, correctly, that small numerical differences in peer review scores do not reliably reflect differences in scientific merit. Instead, Institutes and Centers need, and have, room to weigh other factors such as portfolio balance, investigator stage, and scientific risk alongside a peer review score. However, the case for not letting a score alone dictate funding is about decision-making, not about disclosure. An advisory council, a program officer, and an applicant can benefit from knowing a particular peer review score while understanding that the score is one of several factors that weigh into a funding decision.

We urge NIH to sustain peer review's role as central to grant funding decisions, preserve access to final overall impact scores and percentiles for applicants, program staff, Institute and Center leadership, and Advisory Councils; pilot-test any changes with



rigorous evaluation and public reporting of results before broader adoption is considered; and pair any change with a public staffing, training, and systems support plan that enables efficient and effective implementation.

Thank you again for the opportunity to offer comments on this consequential proposal.

Sincerely,

A handwritten signature in black ink, which appears to read "Russ Paulsen", is located below the word "Sincerely,".

Russ Paulsen
President and CEO
Research!America