



October 12, 2026

National Institutes of Health
Center for Scientific Review
6701 Rockledge Drive MSC 7768
Bethesda, MD 20817

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

Submitted online at: <https://rfi.grants.nih.gov/?s=6a2b1c22c3fcfda46eobadd2>

Staff of the NIH Center for Scientific Review,

The Association of Public and Land-grant Universities (APLU) appreciates the opportunity to provide feedback on the Request for Information (RFI) on Proposed Changes to Reporting Outcomes from NIH Peer Review ([NOT-OD-26-088](#)).

APLU is a membership organization that works to advance the mission of land-grant and public research universities. Founded in 1887, APLU is the oldest higher education association in the United States. Its U.S. membership consists of more than 240 public research universities, land-grant institutions, state university systems, and affiliated organizations spanning across all 50 states, the District of Columbia, and five U.S. territories. The association and its members collectively focus on increasing student success and workforce readiness; promoting pathbreaking scientific research; and bolstering economic and community engagement. Annually, its U.S. member campuses enroll 4.6 million undergraduates and 1.4 million graduate students, award 1.3 million degrees, employ 1.3 million faculty and staff, and conduct \$70 billion in university-based research.

APLU shares NIH's goals that federal research funding decisions prioritize scientific merit while balancing portfolio considerations to support a broad base of innovating basic research. APLU also appreciates that the proposed revised policy would continue NIH's long tradition of sharing written critiques and the resume of discussion. With input from its members, APLU recommends that:

- NIH continue its practice of providing final overall impact score and also provide the new percentile category to applicants. The final overall impact score, in combination with the discussion summaries, is a useful feedback tool that assists PIs to decide whether to refine or pivot their work and for the Agency to understand the frequency of uncompetitive proposals throughout the review pipeline.

- NIH share its working group reports leading to the proposed policy. NIH could facilitate a more productive discussion with the research community if it shared appropriate evidence or justification for withholding reviewer scores from applicants.
- NIH avoid duplicative or unrelated policy changes. Reducing overreliance on scores does not necessarily require withholding them. They can remain one factor in a holistic review process.
- NIH Program Offices and Advisory Council members continue to receive the final impact scores and be trained in their appropriate use as part of NIH's Unified Funding Strategy's goals of holistic review.
- If NIH moves forward with the proposed policy, a category system with greater resolution categories and increased transparency for Institutes, Centers, and Offices (ICOs), White House Office of Science and Technology Policy (OSTP), and NIH metascience goals should be implemented.

Below you will find more detailed information about why we offer these recommendations.

I. Utility of Sharing Final Impact Scores with Investigators

NIH's proposed policy is not recommending a wholesale change to the peer review scoring system but simply withholding that score from applicants and allowing NIH to consider additional portfolio goals in determining funding decisions.

However, final impact scores, while sometimes imperfect, are still an important element in the transparency and context of peer review and the assessment of merit. Peer review represents an important contribution by reviewers to their disciplines and to the researchers whose proposals they evaluate. The impact score is a helpful element taken in partnership with the panel discussion summary. Some reviewers may phrase their feedback in highly constructive terms, however the proposal may be uncompetitive.

The availability of impact scores helps investigators and their institutions make informed decisions about how to invest their time and effort in future revisions by contextualizing the severity of negative feedback on the proposed work. The lack of transparency in the proposed process would create an inefficient cycle where investigators who lack information on the severity of the edits necessary to refine their applications resubmit sub-optimal proposals. Ultimately, sharing impact scores establishes an early pipeline filter that puts the agency in investigators to self-select out projects that are not viable before they drain additional agency, staff, and reviewer resources. Sharing final impact scores benefits the NIH and reviewers.

-APLU recommends that NIH continue to provide investigators with impact scores and percentile alongside the summary of the discussion and written critiques. NIH could consider providing this information after funding decisions to address the stated policy goal of moving away from “payline” policies.

II. Provide the evidentiary basis for this policy change

The NIH research community has benefited from the high transparency of prior policy changes. The RFI states that the policy changes were from recommendations from an NIH leaders' working group. However, the RFI provides no further information about the working group membership, its process, or the literature it reviewed. Additionally, the RFI refers to studies that questioned the predictive value of peer review scores but does not cite them. By providing more information on the decision making leading to this proposed system, the community can provide more specific and implementable feedback.

-APLU recommends NIH publish the working group report in full before finalizing any policy change.

III. Avoid Duplicative Policy Changes

The RFI's primary claim is that withholding final impact scores from program officers "*will empower program officials to utilize their substantial expertise, portfolio analyses, and good judgment to make award recommendations that better incorporate ICO strategic plans and NIH priorities.*" The NIH institute and center (IC) structure prior to the new Unified Funding Strategy already enables several of the ICs, such as the National Institute of General Medical Sciences (NIGMS)¹, to make strategic decisions that do not require strict adherence to paylines. Additionally, the Unified Funding Strategy published in 2025² described the agency's goal to continue to move away from using paylines as clear limits for funding. The final impact score is an independent measurement that can be considered in tandem with the written critique. NIH could provide training for peer reviewers and program officers to holistically evaluate projects and their portfolio. Training in holistic review would be a more targeted policy change to meet the new Unified Funding Strategy without reducing the resolution of information used in the review process.

Such training may be suitable for a pilot for an IC unaccustomed to this form of holistic review. A pilot in a limited number of NIH ICOs would allow NIH to test that hypothesis before agency-wide implementation. OSTP's *Science: A New Golden Age* encourages "evaluating pilots and informing agency-wide portfolio management."

-APLU recommends the NIH should, in line with OSTP's report, implement a pilot on ICs prone to strict payline determinations. The pilot should include an evaluation report that is publicly accessible.

IV. Ensure the Peer Review Score Data is Available for OSTP's Metascience Directive

*Science: A New Golden Age*³, released by OSTP, directs federal science agencies to build metascience capacity and establishes specific requirements for the data infrastructure needed to support it. The accompanying FY2028 R&D Priorities Memorandum directs agencies to "*build data infrastructure for metascience...including systems that integrate application-level data, reviewer behavior and scoring, and links between awards and downstream outcomes.*" The

¹ <https://casrai.org/guides/nih-r01-success-rates-paylines-by-institute>

² <https://grants.nih.gov/news-events/nih-extramural-nexus-news/2025/11/implementing-a-unified-nih-funding-strategy-to-guide-consistent-and-clearer-award-decisions>

³ <https://www.whitehouse.gov/wp-content/uploads/2026/07/Science-A-New-Golden-Age.pdf>

RFI does not address whether peer review scores and percentiles will be preserved in NIH's administrative systems in ways that support the White House metascience directive.

-APLU recommends that NIH preserve all peer review scores and percentiles in accessible administrative systems for internal metascience research access, consistent with OSTP's directive to establish metascience capacity and data infrastructure.

V. Provide Higher Resolution Categories

The proposed category system with cuts at 25% and 50% does not match the described alignment with other agencies. The proposed three categories for peer review at NIH offers less resolution than the U.S. National Science Foundation (NSF) system and lacks NSF's current practice of sharing individual reviewer categories⁴. This is an important distinction, as a single overall impact category will compress the dispersion of opinions and prevent NIH from communicating to the proposer the breadth of reviewer opinions.

In addition, the proposed system compresses proposals with a top 2% score or 24% percentile score into the same category. These are important distinctions when excellent proposals may not be selected due to an overcrowded field in a given cycle. If scores were unavailable to provide this context, the investigator may be discouraged from resubmitting high-quality work if the investigator presumes themselves to be on the lowest possible score within a wide category. Additionally, lack of sufficient score information may lead investigators to resubmit sub-optimal proposals because they lack the feedback to determine if their project requires a minor pivot or a complete overhaul. Formally sharing the higher resolution categories allows the agency to identify unviable applications early in the review process, while giving borderline applicants the data they need to hone their science, ultimately improving the quality of NIH proposals.

-APLU recommends NIH add more categories above the proposed "Not discussed" level to better distinguish quality between programs.

Thank you for your consideration of APLU's perspectives. Peer review of scientific merit and impact are integral to the strength of the U.S. research enterprise, and reviewer comments and their scores reflect the scientific community's assessment of scientific merit. These are valuable data that contextualizes review for researchers and institutions. Withholding this information risks harming the research enterprise. APLU encourages NIH to reconsider the proposed policy to withhold the overall impact score and percentile from applicants. We welcome the opportunity to continue discussions with NIH.

Sincerely,



Waded Cruzado
President
Association of Public and Land-grant Universities

⁴ <https://www.nsf.gov/nsb/publications#nsf-merit-review-reports-2da>