

October 13, 2026

Jay Bhattacharya, MD, PhD
Director, National Institutes of Health
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Re: NOT-OD-26-088

Dear Dr. Bhattacharya:

The American Lung Association appreciates the opportunity to offer comments in response to NIH's request for information on the peer-review process. The American Lung Association is the oldest voluntary public health association in the United States, representing the more than 35 million individuals living with lung disease. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy. NIH grants and research are often the first step in developing successful, life-saving treatments for lung disease and other conditions.

While the Lung Association appreciates the need for continued improvement in how grant applications are evaluated and scored, our organization urges NIH not to move forward with the planned changes in the "recommendations" section of the notice, based on concerns about transparency and about the undue burden these proposed changes may place on program staff.

We agree with the core tenet of the Unified Funding Strategy that funding priorities must "prioritize scientific merit," but we are concerned that these changes outlined in the RFI would work against NIH's own goal by allowing factors other than scientific merit to influence decisions on what research is funded. The current system, while not perfect, already allows for the incorporation of NIH priorities, plans and budgets into the decisions of how to award funding, while still preserving the essential prioritization of scientific merit. Under the current system, the first stage of peer review of extramural funding applications includes input from at least three peer reviewers, who write critiques on impact, strength and weakness and assign impact scores on a 1-9 scale. A readout of the peer review process, which includes the written critiques, individual scores from reviewers, and a final overall average impact score, are shared with prospective principal investigators, their institutions, NIH program staff and members of the funding institute, center and office (ICO) advisory council.

In the second stage of the process, the proposals, these summary statements and the overall impact score are used in combination with the priorities of the ICO to determine an overall funding plan for leadership.

The RFI notes that in the working group of NIH leaders, a central consideration was that “peer review outcomes are multifaceted and contain valuable information beyond the overall impact score.” Indeed, NIH’s current process allows for the fact that the impact score alone is best paired with additional information, like the written critiques that accompany them when applicants, NIH program staff and the advisory council receive the scores.

At a high level, we are concerned that reduced access to the impact score could have the consequence of grant decisions being further removed from considerations of scientific merit. Simply put, having applications in broad bins rather than labeled with individual impact scores could mask situations in which a final funding decision does not align well with the individual score.

We are further concerned that the changes the Institutes propose not only fail to improve access to this multifaceted information, they actually reduce access to it. The applicant, their institution, NIH program staff, ICO leadership and the relevant NIH advisory council would no longer receive the impact score, and would instead receive a categorization into one of three broad categories.

This reduced access to information about the scoring of proposals may pose challenges for some applicants who would better be able to plan around the likelihood of future funding with more detailed scores, but we are particularly concerned about the impact on NIH staff capacity. Having access to the impact scores helps program staff understand the discussion that took place in the many study sections for their grants; the scores are a data point that inform a holistic decision-making process. The summary statements do not capture the entire discussion, and program officers may have no alternative to understand the merits or challenges with a specific grant than to listen in on every study section to understand the impact scores for a grant. This may not be possible when multiple study sections meet at once, and even if not, could place a high demand on staff time – which could take time away from other activities, potentially resulting in decreased quality, consistency and timeliness of decision-making. The changes would effectively move the work of application differentiation from peer review staff to program staff. This could increase administrative burden and create greater variability in how applications are evaluated across institutes and centers.

Further, this staff burden is especially important to consider in the context of the enormous staff work required to allocate a backlog of NIH funding, particularly given the increased uncertainty they navigate in broader administration funding. Indeed, as NIH considers these and other changes under the Unified Funding Strategy, the Institutes must also prioritize fully funding research awards with appropriated dollars without further delays.

The peer-reviewed process is critical, and we urge you to withdraw this proposal and instead work with research-focused organizations to find other ways to improve the peer review process. The Lung Association has a robust group of researchers with extensive experience with NIH awards and the peer review process. We stand ready to offer thoughts and feedback on ways to improve the process.

Signed,

American Lung Association