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700 Pennsylvania Avenue SE • Suite 2045 • Washington, DC 20003
advocacy@rheumatology.org • 202.991.1126 • rheumatology.org

October 13, 2026

Dr. Jay Bhattacharya
Director
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892

RE: Request for Information (RFI) on Proposed Changes to Reporting Outcomes from NIH Peer Review (NOT-OD-26-088)

Dear Dr. Bhattacharya:

On behalf of the American College of Rheumatology (ACR), thank you for the opportunity to respond to the Request for Information (RFI) on Proposed Changes to Reporting Outcomes from NIH Peer Review (NOT-OD-26-088).

The NIH peer review system has a rich history rooted in two fundamental principles: scientific and technical merit and mission relevance. Over time, the process has evolved to ensure that funding decisions are scientifically rigorous, aligned with public health priorities, and conducted with a high degree of transparency. These factors have contributed to a system that is widely respected and frequently emulated around the world.

Transparency in federal research funding is essential to ensure that both NIH and the research community remain responsible stewards of taxpayer dollars. The proposed changes outlined in the RFI would reduce transparency in the peer review and funding process. While reviewer criterion scores would continue to be provided, replacing the overall impact score or percentile ranking with one of three impact categories (Most Competitive, Competitive, or Not Discussed) would diminish the value of the expert assessment provided by peer reviewers. It also raises concerns that highly ranked investigator-initiated research applications may not receive funding if decisions are increasingly driven by considerations outside the peer-review process, including predetermined Institute, Center, or Office (ICO) priorities.

Of particular concern is the possibility that an application categorized as Not Discussed could receive funding based on factors other than scientific and technical merit. While ICO priorities play an important role in advancing strategic objectives, they should not outweigh the scientific assessment provided through peer review. Funding decisions that appear disconnected from the expert evaluation process could undermine confidence in the integrity of the NIH peer review system and erode the trust that has long been a cornerstone of NIH-supported research.

Investigator-initiated research, which is developed independently of NIH staff and ICO direction, has long been a cornerstone of the NIH research enterprise. This approach has fostered innovation and enabled NIH to support a broad spectrum of scientific inquiry. Investigator-

initiated research often advances novel, high-impact ideas that may not yet align with current ICO priorities but have the potential to transform understanding and treatment of disease. Maintaining transparency regarding the relationship between funding decisions and the overall impact score or percentile, as determined by expert peer-review panels, helps ensure that the most promising and scientifically meritorious research receives support.

An additional concern related to the proposed changes is their potential impact on participation in the peer-review process. Serving as an NIH peer reviewer is an important professional honor and service opportunity for both established and early-career researchers. If the connection between peer-review outcomes and funding decisions becomes less transparent, some highly qualified scientists may be less willing to contribute their time and expertise to the review process. Preserving confidence that peer-review assessments play a meaningful role in funding decisions is critical to sustaining the quality and credibility of NIH review panels.

An alternative approach would be to continue reporting overall impact scores and percentiles while using existing NIH funding mechanisms, such as Requests for Applications (RFAs) and Notices of Funding Opportunity (NOFOs), to advance ICO priorities. These mechanisms are specifically designed to focus funding on targeted research areas and strategic initiatives. Using these mechanisms would preserve the integrity of the investigator-initiated research process while allowing NIH to pursue emerging scientific opportunities and public health priorities.

In conclusion, the ACR strongly encourages NIH to maintain transparency in the reporting of peer-review outcomes by continuing to provide overall impact scores and percentile rankings. These measures are critical to preserving confidence in the peer-review process, ensuring accountability in the use of federal research funds, and reinforcing the principle that scientific and technical merit remains the primary driver of funding decisions. We appreciate NIH's consideration of stakeholder feedback and look forward to supporting policies that strengthen the integrity, fairness, and effectiveness of the biomedical research enterprise.

Please contact Sweta Haldar, MSPH, ACR Manager of Regulatory Affairs, at shaldar@rheumatology.org or (202) 807-5262 should you have any questions or if we can provide additional assistance.

Sincerely,



William F. Harvey, MD, MSc, FACR
President, American College of Rheumatology