



October 12, 2026

Submitted electronically via the Comment Form: Proposed Changes to Reporting Outcomes from NIH Peer Review

The Honorable Jayanta Bhattacharya, M.D., Ph.D.
Director, National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Re: Comments of the Society for Pediatric Research (SPR) on the National Institutes of Health Request for Information (NOT-OD-26-088), Proposed Changes to Reporting Outcomes from NIH Peer Review

Dear Director Bhattacharya:

On behalf of the Leadership Council of the Society for Pediatric Research (SPR), the Advocacy Committee submits the following comments on the “Proposed Changes to Reporting Outcomes from NIH Peer Review” (NOT-OD-26-088). SPR opposes this proposed policy for the following reasons:

- **The proposed policy would *reduce transparency* in peer review without a stated goal or justification of how the proposed change would achieve that goal.** If the intended goal is better selection of meritorious or high-impact applications, NIH should first evaluate whether the proposed change is likely to achieve that goal. Absent clear goals and supporting evidence, the policy reduces transparency in funding decisions with no demonstrated benefit.
- Child health research frequently addresses conditions that are less common than their adult counterparts leading to the potential to exacerbate already insufficient federal research support. Recent reports have emphasized historic under-funding of child health research by NIH and the National Academies of Science, Engineering and Medicine recommended improved tracking of NIH funds directed to child health research. Therefore, **any new policy that increases programmatic discretion**

must facilitate sufficient transparency to determine the distribution of NIH's portfolio and the federal investment into pediatric science.

- **The proposed changes would reduce the efficiency of investigator and institutional time.** Although an impact score or funding line never guaranteed an award, it gave applicants and their institutions a *reasonable* estimate of their likelihood of funding and whether a revised application merited the effort. Each R01-equivalent application takes approximately 150–200 hours of investigator time, plus institutional administrative time and effort. Without clear scores or percentiles to guide resubmission decisions, investigators would also submit revisions unlikely ever to be funded, increasing the review and administrative burden on NIH staff and peer reviewers. Therefore, the proposed change would lead to significant loss of applicant and applicant institution time, effort and efficiency. These losses would **disproportionately have negative impacts on early-stage investigators and those at less well-resourced institutions**, who lack experience and infrastructure. This runs counter to NIH's stated goals of supporting researchers earlier in their careers and more broadly across institutions.
- **The proposed policy cites unidentified source material attributed to “a working group of NIH leaders,” who represent only a fraction of relevant stakeholders.** Given the policy's potential consequences, NIH should disclose who made the recommendations and the rationale behind them. Many of the policy's potential harms, such as lost applicant and institutional efficiency, fall outside the responsibilities of “NIH leaders,” which may lead the working group to overstate the policy's merits and underestimate its potential for harm.
- **The proposed change is unnecessary.** Under the Unified Funding Strategy, NIH already weighs factors beyond the Impact Score in funding decisions. At the August 14, 2026 workshop presenting the Unified Funding Strategy, Dr. Matthew Memoli (Principal Deputy Director, NIH) clarified that many Institutes and Centers have historically used factors such as ICO priorities, and that all will continue to do so. Because current practice already accommodates these considerations, the proposed policy adds no value.

In summary, we recognize that peer review is imperfect. The proposed changes, however, do not seek to improve that process. They alter its *implementation* by considering “scientific merit evaluation in its entirety” in an opaque manner. **We welcome a process to improve the peer review and grant selection processes in a fully transparent manner that engages all stakeholders, including applicants and representatives of their institutions.**

Respectfully submitted,

Society for Pediatric Research (SPR) Advocacy Committee