

October 12, 2026

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

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

Dear Director Bhattacharya:

The Infectious Diseases Society of America (IDSA) and the HIV Medicine Association (HIVMA) appreciate the opportunity to comment on the Request for Information on Proposed Changes to Reporting Outcomes From NIH Peer Review.

The RFI would change the peer review process to place grant applications in one of three overall impact categories without releasing the final overall impact score or percentile, contrary to the current process.

IDSA is a community of 13,000-plus physicians, scientists and public health experts working together to solve humanity's smallest and greatest challenges, from tiny microbes to major outbreaks. HIVMA is a community of nearly 6,000 health care professionals who advance a comprehensive and humane response to the HIV pandemic, informed by science and social justice. NIH funding is critical to building and maintaining the pipeline of researchers in infectious diseases (ID) and HIV prevention and treatment.

Recommendations to prevent political influence in grant-making

IDSA and HIVMA support the goal of making improvements to the grant review process to balance competing factors such as health priorities, scientific opportunities and availability of funds. We agree with the utility of a process that removes arbitrary differences in high scores from influencing which grants get funded. In practice, the current process can appear arbitrary and lack visibility into the factors that determine why one grant is funded instead of another. However, to maintain scientific rigor, we caution that changes in the grant review process must guard against political influence in the prioritization of grants.

Undue political influence over which grants are funded or the ability of political officials to override the scientific grants review process will cause significant upheaval in medical research as political priorities typically change with every new president, if not more frequently. NIH should clearly articulate criteria for prioritizing grants that are deemed competitive after scoring. The process should be audited by an independent body to evaluate whether preference is being shown for certain institutions, researchers or research topics.

Transparency in peer review scoring

While we respect and appreciate the important role of experienced program officials in the grant-making process, we are concerned that the final overall impact score and percentile will not be available to grant applicants. The impact score and percentile is a measure that is helpful to researchers in evaluating the merits of their proposals. We also are concerned that not sharing the impact score and percentile may facilitate the introduction of political influence in grant-making. We urge NIH to reconsider the decision not to release the overall impact score and percentile.

Staff capacity to implement without impeding grant-making

The proposed change may require greater internal capacity at NIH to review grants and ensure that funding decisions are determined and implemented fairly. NIH has lost more than 4,400 staffers, or about one-fifth of its workforce, since the start of 2025, according to [federal employee data](#). Recent staff changes at NIH raise concerns about NIH staff capacity to implement these changes in grant review processes. NIH should invest in the required staffing to make sure that any changes are seamlessly implemented without harming the research funding pipeline and introducing additional delays in the grant-making process.

Thank you for your attention to the importance of the ID and HIV research workforce. Please contact Eli Briggs, IDSA director of public policy, at ebiggs@idsociety.org, or Andrea Weddle, HIVMA executive director, at aweddle@idsociety.org, with any questions.

Sincerely,



Ronald G. Nahass, MD, MHCM, FIDSA
President
Infectious Diseases Society of America



Anna K. Person, MD, FIDSA
Chair
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