



October 13, 2026

Submitted Electronically

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

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

Dear Dr. Jacobson:

The American Medical Informatics Association (AMIA) appreciates the opportunity to respond to the National Institutes of Health (NIH) Request for Information on Proposed Changes to Reporting Outcomes from NIH Peer Review. AMIA supports NIH's goal of considering scientific merit in context and reducing inappropriate reliance on rigid paylines. However, AMIA recommends that NIH not adopt the proposal to withhold final overall impact scores and percentiles from principal investigators, applicant institutions, NIH program staff, Institute, Center, and Office leadership, and NIH Advisory Councils. NIH should retain these measures as part of a broader record that includes written critiques, criterion scores, panel discussion summaries, programmatic priorities, and portfolio considerations.⁵

AMIA is the professional home for more than 6,000 informatics professionals, including clinicians, researchers, educators, public health experts, data scientists, librarians, and other professionals who bring meaning to data and generate knowledge across the research and healthcare enterprise. Our members apply informatics to basic, translational, clinical, and public health research and depend on a peer-review system that is rigorous, transparent, equitable, and capable of continuous evaluation.

AMIA's Public Policy Principles support data-driven, evidence-based improvements to the research enterprise. They emphasize biomedical research rigor, transparency, reproducibility, sustained investment in the research workforce, and evaluation frameworks that identify inequities and measure whether policies achieve their intended results.¹

AMIA Supports Holistic Funding Decisions with Transparent Evidence

NIH correctly observes that numerical scores are estimates and that small differences between scores may not represent meaningful differences in scientific merit. Studies have found substantial variation among reviewers and limited ability of percentile scores to predict later publication or citation productivity among already meritorious applications.^{2,3}

These limitations support NIH's decision not to treat a score or payline as an automatic funding rule. They do not support concealing the score. A measure can be imperfect and still provide useful information when interpreted with its limitations and alongside qualitative evidence. The proposed categories would continue to be derived from the same numerical scores, but applicants and

decisionmakers would lose access to the underlying information. This would reduce information without addressing reviewer variability, inconsistent calibration, or other weaknesses in peer review.

AMIA therefore supports the use of categories as a supplemental communication tool. A category could signal that applications within a band should be considered broadly similar for funding purposes. NIH should pair that signal with the final overall impact score, percentile when applicable, written critiques, criterion or factor scores, and a clear explanation that no single measure determines funding.

Scores and Written Critiques Serve Different Purposes

Written critiques and panel summaries provide essential context about an application's strengths, weaknesses, feasibility, and potential impact. They should receive greater attention in funding and resubmission decisions. They do not, however, provide the same information as the final overall impact score. The score reflects the collective judgment of all voting members after discussion, while written critiques are prepared by assigned reviewers and may vary in detail, emphasis, and tone.

Placing every discussed application into only two categories would make it difficult for applicants to understand whether a proposal was near the top or bottom of a broad band. An applicant classified as Competitive would not know whether the application narrowly missed the Most Competitive category or ranked near the lower boundary for discussion. That distinction can materially affect whether an investigator makes targeted revisions, substantially redesigns the project, seeks a different study section or funding opportunity, or redirects limited time and institutional resources.

This loss of information is especially relevant to biomedical and health informatics. Informatics research is frequently interdisciplinary and may be reviewed across study sections and NIH Institutes and Centers. Scores and percentiles, interpreted carefully, help investigators assess review consistency and understand how interdisciplinary proposals are received across different settings. Removing those data would make it more difficult to identify recurring review barriers, assess the effects of peer-review reforms, and improve the fit between emerging informatics research and NIH programs.

Withholding Scores Would Reduce Transparency and Oversight

The RFI would withhold final overall impact scores and percentiles not only from applicants, but also from NIH program staff, ICO leadership, and Advisory Councils. AMIA is concerned that removing this information from the officials responsible for making and reviewing funding recommendations would weaken, rather than strengthen, holistic decision-making. A complete assessment should provide decisionmakers with more relevant information and guidance on how to interpret it, not less.

NIH appropriately considers public health needs, scientific opportunities, portfolio balance, workforce sustainability, geographic distribution, available funds, and investigator career stage. These factors can justify funding an application that is not the highest ranked by peer review. NIH should preserve that discretion while documenting how it is used. Continued access to scores would allow program staff and Advisory Councils to distinguish a deliberate programmatic decision from an unexplained departure from peer-review results.

AMIA's policy principles recognize transparency as a foundation for trust and accountability. That principle applies to the management of public research funds. If NIH wishes to reduce overreliance on scores, it should clarify their evidentiary role, require consideration of the complete review record, and

publish aggregate information about how programmatic factors affect awards. Suppressing the underlying measure would make external evaluation and public accountability more difficult.

The Proposal Could Have Uneven Effects Across the Research Workforce

Established investigators and well-resourced institutions often have experienced grants offices, mentoring networks, internal review programs, and familiarity with NIH program staff. Early-stage investigators and researchers at smaller or less-resourced institutions may have fewer supports and may rely more heavily on formal NIH feedback to interpret outcomes and plan a resubmission. Broad categories could therefore create an information gap that is easier for well-connected applicants to overcome.

AMIA's Workforce and Education Principles call for sustained investment in the biomedical informatics workforce, while its Health and Healthcare Equity Principles support rigorous investigation, transparent reporting, and continuous evaluation of disparities. Consistent with those principles, NIH should examine how the proposed reporting system would affect investigators by career stage, institution type, geography, race and ethnicity where lawful and appropriate, disability status, and other relevant characteristics. NIH should publish aggregate results and modify the policy if the data show that it widens disparities in application, resubmission, or award outcomes.

NIH Should Preserve Data Needed to Evaluate Peer Review

Final overall impact scores and percentiles are also research data. They allow NIH and independent researchers to examine reviewer calibration, study-section variation, potential bias, resubmission outcomes, and the relationship between review results and later scientific impact. AMIA's Data Sharing in Research Principles emphasize the role of accessible, usable data and evaluation frameworks in advancing rigor, transparency, and reproducibility.

Even if NIH changes what is reported to applicants, it should retain the underlying scores and make deidentified data available for internal analysis and qualified external research under appropriate safeguards. NIH should define evaluation measures before implementation, establish a baseline, and report results at regular intervals. Relevant measures should include applicant understanding, resubmission behavior, time to award, award distribution, consistency across review groups and ICOs, and equity-related outcomes.

NIH Should Clarify the Interaction With Current Modified Review Practices

After NIH issued this RFI, it continued modified peer-review practices through the January 2027 Advisory Council round under NOT-OD-26-114. Under that notice, most meetings will discuss approximately 30 to 35 percent of applications rather than approximately 50 percent. Applications in the middle third may be designated Competitive but Not Discussed and remain eligible for funding, while applications in the lowest third may be designated Not Competitive and Not Discussed. Summary statements are also being simplified.⁴

These temporary practices overlap with, but do not map cleanly onto, the RFI's proposed categories of Most Competitive, Competitive, and Not Discussed. Before adopting a permanent reporting model, NIH should explain how the categories would operate when fewer than half of applications are discussed, whether Competitive but Not Discussed applications would receive the same label as discussed applications, how reference groups and ties would be handled, and whether the model would apply

uniformly across mechanisms and special emphasis panels. NIH should also evaluate experience from the modified review process before implementing a permanent NIH-wide policy.

AMIA Recommendations

AMIA recommends that NIH take the following actions:

- 1. Retain current score reporting.** Continue providing final overall impact scores and percentiles, when applicable, to principal investigators, applicant institutions, program staff, ICO leadership, and Advisory Councils.
- 2. Use categories as supplemental information.** If NIH adopts Most Competitive and Competitive categories, report them alongside numerical scores, written critiques, criterion or factor scores, and panel summaries rather than in place of those materials.
- 3. Explain the role of each review element.** State clearly that scores reflect peer-review judgment but are not precise predictions of scientific productivity or automatic funding cutoffs. Provide training and guidance for applicants, reviewers, program staff, and councils.
- 4. Define the category methodology.** Publish the comparison population, time period, treatment of ties, approach to unpercentiled applications, handling of special emphasis panels, and relationship between discussion status and category assignment.
- 5. Document programmatic funding decisions.** Require ICOs to record the factors supporting awards, including instances in which programmatic considerations lead to funding an application from a lower category while declining an application from a higher category. Publish aggregate reports that protect applicant confidentiality.
- 6. Pilot and evaluate the model.** Test any new approach in a limited number of mechanisms or review settings before NIH-wide implementation. Compare the pilot with the current system using predefined measures of clarity, consistency, burden, timeliness, scientific portfolio effects, and equity.
- 7. Preserve data for oversight and research.** Retain numerical scores and percentiles and provide deidentified access for qualified evaluation of reviewer behavior, bias, funding outcomes, and the predictive value of review measures.
- 8. Establish equity safeguards.** Monitor outcomes across career stage, institution type, geography, and relevant demographic characteristics. Provide additional guidance and technical assistance to early-stage investigators and applicants from less-resourced institutions.
- 9. Reconcile permanent and temporary review policies.** Explain how the proposed categories would interact with the Competitive but Not Discussed and Not Competitive and Not Discussed designations now in use, and use evidence from the temporary system to inform any permanent change.

AMIA supports NIH's effort to make funding decisions that reflect the full peer-review record and the agency's scientific and public health responsibilities. The most effective path is to improve interpretation and accountability while preserving access to the underlying review information. **AMIA therefore urges NIH to retain final overall impact scores and percentiles and to use categorical ratings only as an additional tool within a transparent, evidence-based funding framework.**



Thank you for considering these comments. AMIA welcomes continued dialogue with NIH on peer-review modernization and on the evaluation of policies affecting the biomedical research workforce. Please contact Tayler Williams, Senior Manager of Public Policy, at twilliams@amia.org with any questions.

Sincerely,

Eileen Koski
Chair, AMIA Public Policy Committee

References

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4. National Institutes of Health. Continuation of Modifications to Peer Review Practices. NOT-OD-26-114. September 8, 2026. <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-26-114.html>
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