

October 13, 2026

National Institutes of Health
Office of Extramural Research
Bethesda, MD 20892

Re: Notice Number NOT-OD-26-088

To Whom It May Concern:

On behalf of the University of Michigan's (U-M) research enterprise, I submit these comments in response to the National Institutes of Health's (NIH) request for information on potential changes to reporting outcomes from NIH Peer Review. As one of the nation's leading recipients of NIH research funding, I hope that you will consider these comments when determining whether to move forward with changes to the review process.

These comments focus on preserving access to complete peer-review results to support proposal improvement, inform internal university funding and bridge programs, and ensure Gold Standard Science and merit review.

The Value of Reviews

Scores and percentiles do not explain scientific weaknesses on their own, but they provide context for interpreting written critiques and understanding the panel's overall assessment, as well as supporting internal funding opportunities like those at U-M.

An investigator must decide whether to undertake additional experiments, generate preliminary data, revise the approach, or redirect the application to another funding source. While written critiques would remain available under the proposal, the loss would be a more granular account of the panel's overall evaluation that investigators use alongside those comments. A broad category could leave researchers unable to judge whether to undertake substantial additional work or concentrate on a more focused revision.

That uncertainty could consume time and resources in two directions: researchers might prepare unnecessary resubmissions because they cannot adequately assess their standing, or postpone a revision because "Most competitive" sounds more reassuring than it warrants. The use of categories could also obscure improvement across submissions. A substantially strengthened application might remain in the same category, while a small scoring change near a boundary could produce a different label. For mentoring and early-career development, the label alone would therefore provide an incomplete account of progress.

Departments would also have less information with which to distinguish an improving scientific evaluation from the absence of an award, although neither scores nor categories should substitute for substantive evaluation of a faculty member's scholarship. Reviews - no matter how detailed - can be essential, not just for proposal improvement, but also for internal decisions based on grant competitiveness. For example, U-M's Office of Research has established a program to support faculty and researchers with internal funding based in part on whether there is evidence that the proposal underwent federal peer review.

For research continuity and institutional support, less informative reporting could complicate decisions that cannot wait for a final award determination. Faculty may need to extend a postdoctoral appointment, support a graduate student, retain essential staff, or continue a study. U-M's internal funding processes can take evidence of federal peer review into account, and that evidence would remain available. The concern is not that the proposal would automatically eliminate eligibility for support, but that it would reduce the information available to assess an application alongside its critiques, revision plan, and research needs. Institutions might seek additional internal evaluations to compensate. For faculty, that could mean preparing more documentation, spending additional time reviewing colleagues' proposals, and waiting longer for support needed to maintain a research team.

Ensuring Gold Standard Science and Merit

As the "crown jewel" of the federal government's scientific and research enterprises, U-M believes it is important that the NIH "keeps" proposal scores to ensure that merit continues to guide funding decisions.

Independent scientific review provides an essential foundation for NIH funding decisions. As programmatic considerations play a greater role in award selection, applicants, institutions, NIH staff, and advisory councils should retain access to the complete scientific assessment and be able to understand how it informed the funding outcome. Proposed changes to federal grantmaking that would expand review by senior appointees make this transparency particularly important. Preserving the scientific review record, documenting the considerations underlying award decisions, and maintaining meaningful oversight would help protect scientific independence and public confidence.

Earlier this year, the White House Office of Management and Budget proposed significant revisions to Uniform Guidance, including empowering political appointees to have an increased role in determining which grants are funded, which we are concerned would lead to a marked shift away from merit review. While we appreciate that the working group was tasked to consider that "funding decisions rely on qualitative peer review assessments of merit" as part of their recommendation instructions, we hope that any final decision will ensure that merit, not politics, dictates whether grants are funded.

When an application is not selected, faculty need to distinguish scientific concerns they can address through revision from programmatic or portfolio considerations that

additional experiments would not resolve. Otherwise, they may invest scarce research funds and months of effort in changes that do not address the reason for non-selection. Because NIH program staff would also lack access to final overall impact scores and percentiles, consulting a program officer would not restore that missing information. Clear explanations of scientific assessment, programmatic fit, and funding status would become especially important. Maintaining access to the scientific review record would also make it possible to examine how independent peer review informed subsequent funding decisions.

We are concerned that replacing scores with broad categories would reduce transparency while increasing the relative importance of programmatic considerations. Programmatic priorities are a legitimate part of NIH funding decisions, but applicants should still be able to distinguish the scientific evaluation of their proposal from the subsequent decision about whether it should be funded. Without that distinction, it may become harder to understand why an application was or was not selected for funding and what could be improved in a future submission.

While we appreciate NIH's efforts, we recommend an alternative approach with five components:

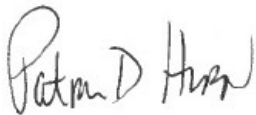
1. Preserve timely access to the full peer-review outcome. Continue providing principal investigators, authorized representatives of applicant institutions, NIH program staff, and relevant advisory council members with timely access to final overall impact scores, percentiles where applicable, written critiques, and criterion or factor scores. NIH could add broader categories as a summary and explicitly caution that small numerical differences should not be overinterpreted and that scores do not guarantee funding. Retaining the underlying information would allow faculty to interpret reviewer comments in context and make better-informed decisions about whether and how to revise, resubmit, generate additional data, or redirect their efforts. Faculty specifically noted that the relationship between written comments and numerical scores often helps identify which concerns most influenced the panel's assessment.
2. Ensure that existing NIH standards for useful, actionable review summaries are applied consistently. NIH already directs Scientific Review Officers to prepare summaries that reflect the score-driving elements of the discussion, including important differences of opinion. NIH should ensure that these existing requirements are implemented consistently across review panels while preserving the numerical outcomes that provide additional context for applicants. Faculty comments indicate that written critiques and numerical evaluations can sometimes appear misaligned; retaining both allows investigators to understand which concerns most influenced the panel's overall assessment and to focus their revision efforts accordingly.
3. Separate the scientific assessment from the subsequent funding decision and communicate both more clearly. Faculty need to know whether an unfavorable outcome primarily reflects scientific concerns they can address through revision or programmatic considerations (such as portfolio balance, strategic priorities, or

available funds) that additional experiments or scientific work may not resolve. NIH should therefore preserve access to the complete scientific review while providing clearer, timely information about an application's funding status and the major programmatic considerations affecting the decision. This distinction is particularly important as programmatic considerations take on a larger role in funding decisions.

4. Evaluate the effects on researchers and research continuity before implementing the change broadly. NIH should assess whether a new reporting system actually improves decision-making or instead creates additional uncertainty, avoidable resubmissions, requests for clarification, or delays in institutional support. Evaluation should consider investigators at different career stages and institutions with different levels of research-support capacity and should examine effects on the ability to sustain research teams, support trainees and staff, and demonstrate progress across submissions. Faculty comments indicate that peer-review outcomes can inform both internal funding decisions and assessments of progress for early-career researchers.
5. Use narrower, clearly defined categories if numerical scores are withheld. If NIH proceeds with categorical reporting alone, we recommend five 10-percentage-point bands within the top half of applications, rather than two 25-percentage-point bands. This would provide investigators and institutions with more informative distinctions when planning revisions and considering internal support. NIH should specify the comparison population, the review rounds included, how differences in study-section scoring practices would be addressed, and how tied scores would be handled. Actual discussion status should be reported separately from competitiveness. NIH should also make clear that category boundaries are not funding cutoffs or definitive distinctions in scientific merit. Preserving timely access to underlying scores and percentiles remains our preferred approach.

Thank you for considering these comments in response to the request for information.

Sincerely,

A handwritten signature in dark ink, appearing to read "Patricia D. Hurn". The signature is fluid and cursive, with the first name "Patricia" being more prominent than the last name "Hurn".

Patricia D. Hurn, Ph.D.
Interim Vice President for Research and Innovation
University of Michigan