FASEB
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY

REPRESENTING OVER 100,000 RESEARCHERS
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National Institutes of Health
Office of Extramural Research
6705 Rockledge Drive, 8th Floor, Bethesda, MD 20892

Re: Request for Information: Proposal to Cap the Number of Simultaneous Research Project Grants per Principal Investigator to Support More Researchers and Maximize Scientific Productivity and Innovation

These comments are the Federation of American Societies for Experimental Biology's (FASEB) response to the National Institutes of Health (NIH) Office of Extramural Research's Request for Information on the proposed policy to cap the number of simultaneous research project grants (RPGs) on which an individual could serve as a Principal Investigator (PI) or Multi-Principal Investigator (MPI). Along with additional feedback, FASEB has addressed the following requested topics.

- Pros and/or cons of the policy
- The optimal number of RPGs for the cap (2, 3 or 4)
- Strengths and weaknesses of the proposed implementation strategies
- Possible unintended consequences or policy loopholes

I. Pros/Cons

Concentrating multiple RPGs in a few PIs limits how many independent investigators NIH can support and can strain a PI's capacity for rigorous oversight and mentorship. A well-designed cap can broaden opportunity for early- and mid-career scientists and improve geographic and institutional distribution of funding. NIH must avoid penalizing genuinely productive labs, multi-PI team science, and PIs who steward essential shared resources like biobanks, registries, or multi-site consortia.

II. The optimal number of RPGs for cap

3, phased in and fractional for team science RPGs.

III. Strengths and weaknesses of the proposed implementation strategies

Strength: Phasing the cap in through the renewal cycle lets PIs reach compliance gradually, preserving continuity for trainees and ongoing studies rather than forcing abrupt terminations. Weakness: The PI-change/relinquishment option assumes a qualified successor investigator is readily available, which is often untrue at smaller institutions or in narrow subspecialties. NIH should guarantee a minimum

transition window per grant and a waiver process when no suitable successor exists.

IV. Possible unintended consequences or policy loopholes

PIs may shift work into non-RPG mechanisms (P50s, U54s) to preserve funding while nominally complying, undermining the redistribution goal. Institutions may install junior faculty as "PI of record" without genuine scientific independence. A flat accounting of grants could disincentivize participation in team science projects. NIH should monitor cross-mechanism migration, require documented independence and effort for any PI reassignment, and count MPI roles fractionally rather than as full RPGs.

V. Other comments

FASEB, a federation of 21 scientific societies representing more than 100,000 biological and biomedical researchers, appreciates the opportunity to comment on NOT-OD-26-086. Our federation has long supported the goals of this proposed initiative – broadening the distribution of research funding, which FASEB recommended in 2015 in Recommendation 2.8 of its Sustaining Discovery in Biological and Medical Science (https://www.faseb.org/FASEB/media/PDF/News/Washington%20Update/10-23-15-Sustaining-Discovery-for-print-31Aug15.pdf), and expanding opportunities for early-career investigators, reflected in FASEB's ongoing engagement with NIH's Next Generation Researchers Initiative (https://www.faseb.org/getmedia/37e245b4-4ea9-47f2-9a8f-ec41a6d32195/img_FASEB-NGRI-Update-Response.pdf). However, we believe implementation details matter enormously to whether it achieves its stated goals without harming the research enterprise it is meant to strengthen.

In 2017, NIH proposed the Grant Support Index, a point-based system meant to free funding for early- and mid-career investigators. The current proposal is simpler and thus invites a core critique: RPGs are not all interchangeable units, and a policy built on headcount alone risks capturing the wrong PIs.

That said, NIH's own numbers make a reasonable case for a moderate cap. Only 10.7 percent of PIs hold three or more RPGs, 3.6 percent hold four or more, and 1.2 percent hold five or more. A cap of three targets that long tail of concentration without touching the much larger group of PIs who responsibly hold two awards, such as an R01 paired with an R21. NIH's data show a cap of three recovers $2.04B (7.7% of funds or ca. 3,020 RPGs) – most of the achievable redistribution – versus $1.49B more for a cap of two, at a far higher disruption cost. A cap of four only reaches the very top of the distribution and frees up a small fraction of that funding. Three meaningfully expands opportunity for new investigators without treating normal, healthy productivity as a problem to be solved.

For this to work well, FASEB urges NIH to build in several safeguards. First, the RPG count should be weighted by grant type and scientific role, not treated as one-size-fits-all. Grants that support shared infrastructure, such as UC7 cooperative agreements, are fundamentally different from an independent research project and should not count against a PI's cap. While multi-PI awards should be counted fractionally, the methodology should avoid creating unintended incentives for or against collaborative

science. The RFI's premise that larger teams produce less innovative work relies on a disruption-index literature that has drawn substantial methodological critique; recent re-analyses correcting for citation-inflation bias find no such disadvantage for larger teams. More importantly, this literature shows complementary roles: small teams more often introduce new directions, while large teams develop and refine ideas into practical, clinical application — work NIH cannot afford to penalize. NIH should avoid both an equal-share formula (e.g., 1/N per PI) and a flat count (e.g., 1 per PI), which would create skewed incentives either way; fractional shares should instead reflect actual budget, effort, or role. NIH should also clarify how the cap applies to R50 Research Specialist awards, which do not designate a PI.

Second, the phased, renewal-based implementation strategy is clearly preferable to the one-year forced-compliance alternative. Tying compliance to natural renewal cycles allows institutions and PIs to plan responsibly, protects trainees embedded in ongoing projects, and avoids abrupt terminations of multi-year studies, longitudinal cohorts, or clinical trials that cannot simply be paused. NIH should commit to a minimum transition window, ideally tied to a full grant cycle rather than an arbitrary calendar deadline, for every affected PI.

Third, NIH needs an explicit waiver or exception pathway for PIs who steward essential shared research resources, such as biobanks, patient registries, or multi-site consortium infrastructure, where continuity of a single, experienced PI is itself a scientific and public-health asset. A cap that forces turnover in the leadership of a national biorepository for the sake of headcount compliance would work against the very stewardship goals the policy is meant to serve.

Finally, FASEB encourages NIH to be transparent about how it will monitor workaround behavior – e.g., shifting work into non-RPG mechanisms, inflated MPI rosters, or nominal "PI of record" arrangements without real scientific independence. Without active monitoring, a cap could produce compliance on paper while leaving the underlying concentration largely unchanged.

In summary, FASEB recommends a cap of three (3) RPGs, implemented through the phased renewal approach, with fractional counting for MPI roles, exclusions for shared-resource infrastructure grants, guaranteed minimum transition windows, and a documented waiver process. This lets NIH advance broader distribution and stronger early-career support while minimizing disruption to ongoing science. Lastly, we request additional opportunities for public engagement prior to final policy enactment.

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