

Call to restore NIH's cap on grant funding

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In her In Depth News story “NIH abandons grant cap, offers new help to younger scientists” (16 June, p. **1108**), J. Kaiser reported that the National Institutes of Health (NIH) reversed its decision to cap grant funding according to the Grant Support Index and replaced it with the Next Generation Researchers Initiative (NGRI). As a member of the Advisory Council for the National Institute of General Medical Science, I was very disappointed by this decision.

Biomedical science is facing a crisis: The National Institutes of Health (NIH) budget has been basically flat, and research dollars are distributed unequally. Just 1% of scientists receive 11% of NIH funding, and 10% of scientists receive 40% (**1**). Tightened grant funding threatens the careers of talented, productive early and mid-career scientists; many who fail to renew NIH grants must shut down their labs. This is discouraging many of our best trainees from pursuing a research career (**2–4**).

NIH did an exceptionally thorough analysis of how productivity and scientific impact scale with the amount of grant funding possessed by a principal investigator (PI) (**1**). The data strongly suggested that a cap on the number of research project grants for individual investigators would increase overall productivity of biomedical science and allow more young and mid-career people to keep their labs open. The bold solution—the Grant Support Index—capped the number of grants NIH provided to a single PI. It would affect only 3% of investigators and could fund 900 new grants for PIs without other funding (**1**).

I was stunned to learn that NIH abandoned the Grant Support Index before it even started. In my view, this resulted from a concerted effort by a few very well funded and powerful scientists threatened by this new approach, combined with a failure of the rest of us to vocally support the underlying idea, while at the same time pointing out needed tweaks. In fact, NIH had already made some changes that reduced issues with collaborative science and training grants (**1**). The reversal of the decision to use the Grant Support Index suggests that a few powerful scientists can drive key policy decisions, to the community's detriment. Many of us see this as a victory for cronyism. The public comments of some senior colleagues (**5**) reinforce this feeling.

Two critical differences make the NGRI much less effective than the Grant Support Index. First, no source was designated for the funds needed. About 70% of all NIH-funded researchers have a single grant. Because the NIH budget is a zero-sum game, the NGRI may simply fund no-grant labs using dollars that would otherwise support the

renewal to a lab with only a single grant. Thus the NGRI would not result in funding for a larger fraction of productive labs. Second, by limiting the opportunity to those with 10 years or fewer of NIH grant funding, the new policy excludes many mid-career scientists faced with shutting their labs.

The Grant Support Index may have been imperfect, but some sort of cap on funding to PIs is critical. A plan limiting the number of grants to individual investigators is one option. An alternative, suggested by W. P. Wahls (“NIH's ineffective funding policies,” Letters, 16 June, p. 1132), would be a cap on total dollars to individual investigators. The existing NIGMS 750K policy is already a step in that direction (6). I and a group of young scientists initiated a petition calling for reintroduction of a cap, and almost 500 signers have already joined us (7). NIH must develop a concrete plan to address funding inequity and save biomedical science.

References

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