

American Geriatrics Society Response – National Institutes of Health Request for Information on Proposed Changes to Reporting Outcomes from NIH Peer Review Submitted October 13, 2026

The American Geriatrics Society (AGS) submitted these comments in response to the National Institutes of Health (NIH) [Request for Information \(RFI\) on Proposed Changes to Reporting Outcomes from NIH Peer Review](#) released after its November 21, 2025 [announcement](#) that NIH will implement its Unified Funding Strategy to guide funding decisions across Institutes, Centers, and Offices.

AGS RESPONSE

The American Geriatrics Society (AGS) greatly 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. The mission of AGS, a not-for-profit organization, is to improve the health, independence, and quality of life of all older adults. Our 6,000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician associates, pharmacists, and internists who are pioneers in serious illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. AGS is an anti-discriminatory organization. We believe in a society where we all are supported by and able to contribute to our communities. The Society leads efforts to incorporate attention to older adults living with multiple chronic conditions into research^{1,2} and clinical care^{3,4} and is a champion for improving attention to the unique health care needs of older adults in workforce training.^{5,6} We believe that understanding disease across the lifespan⁷ is important to extending healthspan — the time someone lives in generally good health — for all of us as we age.

AGS is dedicated to improving health and quality of life, advancing translational research that links biology to clinical outcomes, ensuring implementation of the most effective interventions, and

¹ Advancing Geriatrics Research: AGS/NIA Conference Series. American Geriatrics Society. Accessed October 2, 2026. <https://www.americangeriatrics.org/programs/advancing-geriatrics-research-agsnia-conference-series>

² The AGS/AGING LEARNING Collaborative. AGS CoCare. Accessed October 2, 2026.

<https://mccresearch.agscocare.org/what-is-the-ags-aging-learning-collaborative>

³ American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity. Guiding principles for the care of older adults with multimorbidity: an approach for clinicians. *J Am Geriatr Soc*. 2012;60(10):e1-e25. doi:[10.1111/j.1532-5415.2012.04188.x](https://doi.org/10.1111/j.1532-5415.2012.04188.x)

⁴ McNabney MK, Green AR, Burke M, et al. Complexities of care: common components of models of care in geriatrics. *J Am Geriatr Soc*. 2022;70(7):1960–1972. doi:[10.1111/jgs.17811](https://doi.org/10.1111/jgs.17811)

⁵ American Geriatrics Society. Written Testimony to Senate Labor-HHS-Education Appropriations Subcommittee on FY 2027 Funding for Geriatrics Workforce Training Programs. May 22, 2026. Accessed October 2, 2026. https://www.americangeriatrics.org/sites/default/files/AGS_FY_2027_Written_Testimony_for_Senate_LHHS_-_GWEP_GACA_%2852226%29.pdf

⁶ AGS Advancing Geriatrics in Surgical & Medical Specialties. Special Collection. *J Am Geriatr Soc*. Accessed October 2, 2026. <https://agsjournals.onlinelibrary.wiley.com/hub/journal/15325415/agsadvancinggeriatrics>

⁷ National Institutes of Health. Inclusion Across the Lifespan in Human Subjects Research. Updated February 27, 2025. Accessed October 2, 2026. <https://grants.nih.gov/policy-and-compliance/policy-topics/inclusion/lifespan>

strengthening care systems and care delivery for all of us as we age. Our members are at the forefront of federal research funded by NIH and the National Institute on Aging (NIA), performing cutting-edge research that is vital to understand the diverse effects of aging on the older adult population and effectively address the multifaceted issues related to aging to improve our ability to care for all of us as we age. We believe that our collective ability to advance the most promising innovations benefit from robust peer review that support fostering transparency and accountability and improving public trust in science.

NIH is proposing to remove reports of peer review application scores and replace them with three broad categories in the peer review process of funding proposals. AGS appreciates the intent to elevate the role of scientific peer review and support for meritorious research proposals. However, if finalized, we are concerned this change will become a barrier to maintaining health and quality of life for all Americans as we age and introduce more opacity into funding decision-making across NIH Institutes, Centers, and Offices (ICOs). This would be contradictory to the intent of the Restoring Gold Standard Science Executive Order (EO) which establishes that “reproducibility, rigor, and unbiased peer review must be maintained” and are the benchmarks for federal research and scientific integrity.⁸

In order to ensure transparent and impactful federally funded research as outlined in the EO, it is critically important that the process of evaluating federal funding proposals reflect these principles, including accessibility of a peer review group’s full evaluation for the applicant, applicant institution, and NIH ICO program officers, directors, and advisory councils. The written critiques and an assignment to a broad category of “most competitive,” “competitive,” or “not discussed” alone are not sufficient in providing meaningful feedback nor to ensure transparent and public oversight of justified and evidence-based federal funding decisions.

The current reporting process that communicates final overall impact scores and percentiles of an evaluation facilitate quantitative standardization across reviewers. Being informed with numerical scores allows applicants to have a greater understanding of review outcomes for refinements or redesign as needed, the competition in specific areas of research, and improvements to implement in future submissions. The scores and percentiles are also informative to researchers and institutions in interpreting the outcomes for financial planning, securing match funds, staff management, and patient cohort maintenance. In addition to supporting an assessment of the research landscape for prioritizing research opportunities and a robust infrastructure for investments and planning of biomedical research, particularly for emerging and urgent health needs, communicating quantitative metrics are imperative to ensure transparency and accountability in the review process for effective allocation of federal funds.

The impact of limited information is greater for early-stage investigators (ESIs) who are just starting to build their careers as well as investigators at institutions that are not well-resourced. These investigators are less likely to have access to experienced research administrators, mentoring networks, and/or familiarity with the peer review process and procedures – supports that can help offset the limitations from a broadened review outcome. If finalized, the proposed changes could further exacerbate the decline of ESIs in our scientific ecosystem and already existing gap between under-resourced and well-resourced institutions. This would be contrary to the administration’s commitment to support a stable

⁸ Restoring gold standard science. *Fed Regist.* 2025;90(102):22601-22606.

pipeline of ESIs⁹ and ensuring the distribution of research funding is broadened to include a wider swath of institutions and geographic regions.¹⁰

Furthermore, making the scores and percentiles inaccessible to NIH ICO program officers, directors, and advisory councils undermines their important oversight role within NIH and responsibility to ensure the research portfolio is balanced as mandated in the Public Health Service Act, 42 USC § 282(b)(3).¹¹ Congress has also specified under 42 USC § 289a(b)(2) that the reviewing entity for the scientific peer review “provide the advisory council of the national research institute involved with such description and the results of the review,” thus a mandatory statutory condition on agency authority.¹² Without the access to exact scores or percentiles, transparency is jeopardized and the risk of ambiguity in funding decisions is heightened. The decisions about which science to fund should be based on the advancement of our knowledge and understanding that contributes to our country’s worldwide leadership of scientific discovery and care delivery for all Americans.

The proposed changes ultimately have harmful implications for patients, including older Americans. As the US population rapidly ages, access to innovative and appropriate care techniques for medically complex older adults informed by robust evidence is vital to maintaining health and quality of life for all of us as we age. Sudden and unpredictable shifts in funding would threaten research, particularly longitudinal and population studies, that promote whole person approaches for disease prevention and health promotion across the lifespan. Such shifts are not only risking the loss of older patient cohorts and long-term data that support advanced discoveries to prevent or delay the onset of diseases and functional decline related to aging but also identifying factors throughout the life course that can promote healthy aging and enable us to remain independent throughout most, if not all, of our lives.

AGS strongly recommends NIH to retain quantitative metrics of final overall impact scores and percentiles to ensure scientific stewardship and decision-making that is transparent, rigorous, and prioritizes safeguarding the progress and investment the United States has made for the health of the American public.

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Thank you for taking the time to review our comments. **We believe that NIH should not finalize the proposed changes to the peer review process with the goal of fostering transparency and accountability as a world leader in gold standard science and public health while achieving greater effectiveness and implementation of scientific advancements to serve all Americans.** For additional information or if you have any questions, please do not hesitate to contact Anna Kim at akim@americangeriatrics.org.

⁹ National Institutes of Health. NIH support for early stage investigators in FYs 2024 and 2025. *NIH Extramural Nexus (News)*. February 10, 2026. Accessed October 5, 2026. <https://grants.nih.gov/news-events/nih-extramural-nexus-news/2026/02/nih-support-for-early-stage-investigators-in-fys-2024-and-2025>

¹⁰ National Institutes of Health. Achieving NIH’s mission: leveraging funding policies. November 2025. Accessed October 5, 2026. <https://grants.nih.gov/sites/default/files/Leveraging-Funding-Policies-Framework.pdf>

¹¹ Public Health Service Act. 42 USC § 282: Director of National Institutes of Health (2000). Accessed October 7, 2026. https://www.law.cornell.edu/uscode/text/42/282#b_3

¹² Public Health Service Act. 42 USC § 289a: Peer review requirements (2000). Accessed October 7, 2026. <https://www.law.cornell.edu/uscode/text/42/289a>