

Endocrine Society comments in response to [NOT-OD-26-086](#), Proposal to Cap the Number of Simultaneous Research Project Grants per Principal Investigator to Support More Researchers and Maximize Scientific Productivity and Innovation.

Response was informed by members of the Research Affairs Core Committee (RACC).

Comments were submitted electronically via online submission form on August 3, 2026.

Pros and/or cons of the policy

The proposed policy would deprioritize scientific merit as a factor of grant review. Reducing the financial capacity for established PIs (who typically have outstanding research and mentorship track records) to accommodate trainees and shifting training responsibilities to new PIs may decrease overall research productivity.

The optimal number of RPGs for the cap (2, 3 or 4)

There should not be an arbitrary cap.

Strengths and weaknesses of the proposed implementation strategies

A weakness of this strategy is that it assumes all grants are equal and fails to account for different types of grants that require varying levels of time, effort, and research funds, especially for Multi-Principal Investigators (MPIs). It also penalizes PIs with specialized expertise who serve unique roles on MPI grants (e.g., rare diseases). This would limit a PI's ability to collaborate on research areas and would also limit their ability to pursue and maintain funding for their own research.

Possible unintended consequences or policy loopholes

The oversight needed to uphold this policy will increase administrative burden. When scientific merit is not prioritized for grant awards, it may drive talent away from research or push researchers to other countries, endangering the US's future in medical research. In the proposed implementation plan, senior PIs could manipulate the system by transferring grants to junior investigators in their labs to avoid the cap & undermine the intent of the policy while disadvantaging other investigators.

Other Comments

Any NIH policy reforms that affect the management and peer review of grants and awards should be evaluated based on the entirety of the current and pending policy landscape at the NIH and the federal government and not in isolation. For instance, the Administration's ongoing policy to allocate full amounts of grant funding to investigators through multiyear funding already severely limits the number of supported investigators and severely disadvantages ESIs and thus, is inconsistent with the NIH's goal expressed in this announcement to maximize support for ESIs. We assert that NIH could achieve many of the goals of the current proposal by eliminating the current policy of multiyear funding for all grants. We also note that the administration, through the Office of Management and Budget (OMB), is currently proposing an overhaul of the entire system for federal financial

assistance, which may impact the ability to implement policies to limit grants to a specific investigator. Failure to align policy goals and changes within NIH and across the federal government will create confusion for researchers and hinder scientific progress.

We note that broadening the number of funded ESIs in and of itself does not guarantee increases in research success, productivity, or innovation. We appreciate that another goal of the proposed policy is to strengthen mentorship and training of trainees by distributing funding to more investigators to improve oversight of research projects. However, distributing funding to more investigators with a limited track record of success in mentoring and training does not necessarily translate to the successful mentorship and training of graduate students and postdocs.

Many of the goals of this RFI, including additional support for Early-Stage Investigators (ESIs), could be solved by increasing research funding for NIH with policies already in place; it is unclear why a cap on grants is needed. For example, NIH has already established grant mechanisms that already favor ESIs and support for these mechanisms could be increased. NIH has also historically used preferential paylines for ESIs, and there is no reason similar consideration cannot be given under the current grant selection strategy which does not use paylines. If more oversight is needed for PIs with many grants, some Institutes and Centers already scrutinize investigators who have more than three RPGs. NIH could consider broadening this approach, taking into account level of effort, meaningful contributions, and expertise needed on the grant such that NIH does not penalize PIs for having highly specialized and highly sought-after expertise for certain fields.

We reiterate that a failure to acknowledge and account for the different levels of effort and time needed from collaborators on MPI grants will hinder a PI's scientific contributions to highly specialized areas where there is limited expertise.