

Submission by the American Association of Immunologists (AAI) to the National Institutes of Health (NIH) [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

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The American Association of Immunologists (AAI) supports NIH's goals of broadening access to research funding and creating more opportunities for early- and mid-career investigators. We also share NIH's commitment to maintaining a sustainable and innovative biomedical research enterprise. However, AAI has significant concerns with implementing a rigid cap on the number of RPGs held by one principal investigator (PI). The proposed cap, especially if set at just two RPGs, is likely to harm collaborative science, impede scientific flexibility, and hinder trainee opportunities. AAI also has concerns regarding the rationale used to justify a cap and the proposed implementation strategies.

The peer-review based funding system long employed by NIH already supports a large number of small laboratories; only a very small proportion (3.6%) of NIH-supported PIs hold four or more RPGs. Some of the most paradigm shifting advances in recent years, however, have been made by large American research teams. A notable example is immunotherapy – the foundational biology and clinical translation of immune checkpoint blockade was achieved by many large labs and resulted in a seismic shift in cancer care and a meaningful decrease in mortality. Other examples include the vaccines and therapies developed against COVID-19 and respiratory syncytial virus (RSV).

In addition, AAI is deeply concerned that including multi-PI grants under the cap would have a major negative impact on collaborative science. Modern research increasingly depends on team-based approaches and multi-investigator collaborations, and this policy would discourage participation in collaborative projects and incentivize researchers to apply for independent grants. With limited funding, investigators are less able to support undergraduate and graduate students, as well as postdoctoral researchers, and large laboratories required to relinquish grants may be forced to reduce personnel and limit recruitment of new trainees, which would further hinder the biomedical research workforce pipeline.

AAI has concerns regarding both implementation strategies outlined in the RFI. While the phased approach of terminating awards or transferring awards to other investigators provides more flexibility, both strategies raise significant questions about how transfers will be reviewed and who will determine, by what process, whether the new investigator is qualified and equipped to carry out the grant aims. The alternative strategy to force institutions to relinquish or transfer grants within a year of the policy's effective date is even more problematic. Both strategies introduce disruptions, but an abrupt transition would interrupt ongoing research and long-term scientific planning, would jeopardize trainee support, and place substantial administrative burden on institutions.



AAI is concerned that the rationale used to justify implementing a strict numerical cap is flawed, and that the evidence put forth by NIH does not convincingly support their claims that larger labs result in diminished marginal returns, are associated with worse career outcomes, and produce less innovative and transformative work. In particular, the analyses often apportion most funding to a single investigator despite awards involving multiple PIs, assign authorship through acknowledgement of grants rather than true listed authorship, and rely heavily on uncommon citation-based metrics as the major output of scientific productivity – these limitations may result in an inaccurate representation of scientific output and innovation. Given the significant potential impact of this proposal, and the fact that a similar cap was previously proposed and withdrawn due to strong concerns expressed by the scientific community, AAI believes that no cap should be implemented unless there is compelling and sound evidence that the policy will improve the research enterprise and achieve the intended results.

NIH should consider other policy changes that are more likely to achieve the stated goals. Supporting an increased number of investigators would be realized by reversing the increased use of multi-year funding, which resulted in a sharp decline in success rates and more than 5,500 fewer grants funded in fiscal year 2025 compared to FY 2024.¹ NIH should also consider implementing policies designed specifically to increase funding for early- and mid-stage investigators, rather than a policy that may harm large, productive labs.

In conclusion, AAI supports NIH's worthy goal of supporting a greater number of investigators and ensuring the best use of taxpayer dollars. AAI encourages NIH to explore alternative methods of achieving these goals that are backed by convincing evidence of effectiveness, and that will not harm productive and multi-disciplinary research programs, discourage collaborative grants, and potentially compromise trainee support.

Pros and/or cons of the policy

Pros: Could broaden access to funding and support a larger number of early/mid-career PIs. Smaller labs may enable more dedicated mentorship. A cap could also encourage recruitment/retention of scientists in academia.

Cons: Insufficient evidence to justify a cap. It may reduce productivity, collaboration, trainee opportunities, and flexibility. All RPGs are treated equally despite major differences. Concerns about grant transfers without peer review. Proposed implementation process is unclear.

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

AAI has concerns with imposing any cap

Strengths and weaknesses of the proposed implementation strategies

Strengths: Phased implementation allows for flexibility/gradual transition

¹ <https://www.unitedformedicalresearch.org/statements/umr-releases-annual-nih-economic-impact-report-2026-update/>



Weaknesses: Both strategies rely on grant transfers to individuals who were not subject to the original peer review process. The processes for evaluating the suitability of new PIs is unclear. The one-year strategy is severely disruptive, jeopardizes ongoing research/clinical trials, trainee support, and greatly increases institutional administrative burden.

Possible unintended consequences or policy loopholes

The policy would significantly disincentivize collaborative science. It could also decrease opportunities for trainees and disrupt of the workforce pipeline. PIs who hold smaller RPGs would be at a disadvantage. Possible loophole of well-established/resourced PI being awarded a grant and then immediately transferring the award to secure another, undermining peer review. Other administrative restructuring/shifting PI designations to comply with cap without meaningfully redistributing funds.

