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- x create a disincentive for scientists to collaborate due to the high point score assigned to multi-PIs (although NIH has not released the GSI point scale, we understand that NIH may lower the point value assigned to multi-PIs); treating collaborative mechanisms like U19s and P01s so similarly to R01s contradicts long-held NIH view that such mechanisms are synergistic/more than individual R01s added together, and may undermine efforts to form or continue these projects
- x discourage PIs from training the next generation of researchers, hurting postdoctoral fellows and graduate students (the RCI assigns two points to those with T32 grants, even though PIs on training grants receive no direct research support on the grant and devote considerable time and energy to what they consider a responsibility to their field and to the next generation of researchers; we understand that NIH is now considering assigning no points to PIs leading training grants)
- x inadvertently discourage other NIH agencies from funding capped PIs because NIH has deemed them to be “damaged goods”
- x result in a loss of existing jobs and/or a destabilization of the workforce as investigators who reach the cap lose funding (many of the investigators affected have large labs employing – and training – numerous individuals, including postdoctoral fellows and graduate students; jobs lost at one institution may not be replaced at another since the infrastructures are different; e.g., more senior people may lose their jobs in a newly capped lab, whereas newly funded/likely smaller labs may hire more junior people because they are less expensive)
- x result in underutilization of existing laboratory space at institutions with affected investigators
- x result in a “gaming” of the system by investigators seeking to avoid exceeding the cap
- x adversely affect the willingness of investigators to take scientific risks (with a cap of three R01s or two R01s and other small grants, investigators may focus on “safe” projects to ensure the stability of funding for their lab)
- x undermine peer review, potentially damaging the longstanding and respected U.S. system of funding the best science (effectively “punishing” those who have the best ideas and best science)

Further, to the best of our knowledge, NIH has not evaluated 2012 policy that requires NIH Institute and Center Advisory Councils to provide additional scrutiny to applications from investigators who receive \$1 million or more per year in direct costs from active NIH awards (NIH Notice NOT-OD-12-140). NIH has however, released some data indicating that its 2009 policy to fund applications from new and early stage investigators at success rates comparable to those for new applications submitted by established investigators (NIH Notice NOT-OD-09-013) has stabilized the number of new and early stage investigators who have been funded. Evaluating these existing policies, and determining whether they should be made more effective (if needed) is extremely important, as they were intended to resolve the same concerns that the GSI proposes to address. We also wonder if alternative plans that would better achieve the stated goals of

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May 31, 2017
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Because of the above stated questions, which we believe reflect complex interrelated issues requiring additional discussion and input, AAI respectfully requests that NIH delay implementation of the GSI until: NIH is able to release all details, after which the public is given fair and adequate time to review and consider the proposal through a formal RFI; an independent body such as the NAS is able to analyze and evaluate the proposal and NIH has time to –and does in fact –consider all comments received as well as seriously consider alternative plans to support early and midcareer PIs.

We thank you in advance for your attention to this request. Please contact any of us or AAI Director of Public Policy and Government Affairs Lauren Gross (lgross@aai.org) if you have any questions or if we can be of any assistance.

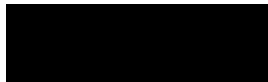
Sincerely,



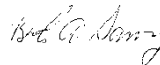
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