

National Institutes of Health (NIH)

The funder of most of the nation's foundational biomedical research and a cornerstone of its health evidence system.

What NIH does

NIH funds biomedical research through 27 disease- and discipline-focused Institutes and Centers, an intramural research program, and more than 64,000 extramural research and training grants each year. Its competitive peer review system supports research at universities, medical centers, and other institutions across the country. When NIH works well, it produces the evidence that doctors, public health officials, and policymakers rely on.

Where it is vulnerable

Four structural weaknesses limit NIH's ability to fund the best science, respond to questions that cross institute boundaries, and sustain research that takes years or decades to pay off.

- **No one is clearly empowered to set research priorities across the whole agency.** NIH's 27-Institute structure has helped sustain decades of bipartisan support for biomedical research, but most funding decisions are made institute by institute. The NIH Director has limited resources to address questions that cross institute boundaries or balance the overall portfolio across established science, high-risk research, and urgent public health needs.
- **The peer review system and funding concentration can work against novel research.** Studies have documented reviewer disagreement and bias based on factors including career stage and institutional affiliation, and genuinely new ideas can score lower than safer extensions of established work. NIH funding is also highly concentrated: four states receive nearly half of all NIH research funding. This concentration narrows the questions asked, the methods used, and the populations studied. The success rate for NIH's main research grant has been at or below about 20 percent for most of the past decade, and surveys have found that researchers spend about 42 percent of their federally funded project time on administrative work rather than research.
- **Research that requires long-term investment depends on annual funding decisions.** NIH is funded one year at a time. That makes long-running investments such as longitudinal studies, clinical trial networks, data systems, and biobanks vulnerable to interruption. Funding that does not keep pace with research costs also reduces what NIH can support even when its budget remains flat on paper.
- **Scientific independence at NIH rests on practice, not law.** The separation between political appointees and the scientists who score grant applications is real, but it is a norm rather than a rule. Nothing in statute requires it, no written policy documents it, and no outside body checks it. The statute creating the Director's office is silent on removal: no reasons or notice are required.

What the Blueprint recommends

1. Protect NIH's institute structure while giving the Director better tools to set priorities across the agency. Preserve the 27-Institute model and expand the Director's ability to fund research that crosses institute boundaries, including through an expanded Common Fund (NIH's pool for research that crosses institute lines) and dedicated funding for cross-cutting priorities. (Can begin under existing authority; statutory protection of the institute structure requires Congress.)
2. Test new ways of deciding which research gets funded. Run and independently evaluate alternatives to traditional peer review, including shorter applications, faster review for time-sensitive questions, and approaches designed to reduce barriers to novel research and broaden the institutions and populations represented in NIH-funded science. (Can begin under existing authority.)
3. Make NIH funding more stable and better suited to long-term research. Evaluate NIH funding against actual research costs, give researchers longer grants with less paperwork, and provide multi-year funding authority for investments that lose value if interrupted. Pair more stable funding with greater transparency and accountability for how NIH dollars are spent. (Some actions can begin under existing authority; multi-year funding authority requires Congress.)
4. Protect scientific independence at NIH. Establish a firewall between political appointees and the scientists who review grant applications, require public disclosure of contacts between them, and require published reasons, sent to Congress with notice, for any removal of the NIH Director. (Some protections can begin under existing authority; the removal-reporting requirement requires Congress.)

Why it matters.

NIH is where scientific ideas become the evidence that shapes medicine, public health, and future discoveries. Its structure has sustained decades of bipartisan investment in biomedical research. Strengthening the way NIH sets priorities, selects research, and funds long-term work can preserve what has made the agency successful while helping it support more of the best science.

Questions to track progress

Questions that can help Congress, media, and the public follow where these recommendations stand.

- The Director can fund research that crosses institute lines under existing authority. How is that authority being used to address questions that fall between the Institutes?
- What is NIH doing to test whether alternative peer review approaches can better identify novel, high-impact research while reducing administrative burden?
- Is NIH funding keeping pace with the actual cost of conducting biomedical research, and what protections exist for long-term investments that lose value if interrupted?

Drawn from the NIH section of Modernizing Federal Health Evidence. AcademyHealth has worked across the health evidence enterprise for decades. Full section and sourcing available at blueprint.academyhealth.org.