American Society of Hematology

Helping hematologists conquer blood diseases worldwide

American Society of Hematology's (ASH) Response to National Institutes of Health (NIH) Request for Information on the Proposal to Cap the Number of Simultaneous Research Project Grants per Principal Investigator to Support More Researchers and Maximize Scientific Productivity and Innovation

Submitted Electronically on August 3, 2026

Background

The National Institutes of Health (NIH) is seeking public input through a Request for Information (RFI) on a proposal to cap the number of simultaneous Research Project Grants (RPGs) that may be held by a single Principal Investigator (PI). The proposed policy is intended to distribute NIH funding across a larger number of investigators, support more researchers, and maximize scientific productivity and innovation.

NIH is requesting feedback from stakeholders on the potential benefits, challenges, implementation considerations, and overall impact of establishing a limit on the number of concurrent RPG awards held by an individual PI.

ASH Response

The following includes ASH's response to NIH's request, which was submitted electronically on August 3, 2026, via the NIH's submission platform. Please note, each response was capped at 750 or less characters.

1. **Pros and/or cons of the policy**
   Although the goal of broadening funding opportunities and supporting more investigators is worthwhile, ASH is very concerned that a fixed cap will unintentionally hinder team science, limit productive and collaborative research, and reduce flexibility needed to conduct research on rare blood disorders. NIH should account for multi-PI awards, varying grant mechanisms, and implementation challenges while preserving scientific excellence and innovation. However, the goal of broadening funding opportunities and supporting more investigators is commendable.

2. **The optimal number of RPGs for the cap (2, 3 or 4)**
   ASH opposes a cap.

3. **Strengths and weaknesses of the proposed implementation strategies**
   While phased implementation provides greater flexibility than immediate compliance, it will disrupt ongoing hematology research, encourage premature grant termination or administrative PI changes, and fail to account for funding overlap needed to sustain

longitudinal studies and clinical trials. NIH must clarify which mechanisms qualify as RPGs and consider prospective implementation that minimizes disruption to existing awards.

4. **Possible unintended consequences or policy loopholes**
   The policy will discourage multi-PI collaborations, encourage administrative PI reassignments, and incentivize premature grant termination to maintain eligibility for new awards. A cap may disproportionately affect hematology research, particularly rare blood disorders where relatively few investigators have the expertise to lead complex studies, while incentivizing workarounds that do not advance the policy's intended goals.

5. **Other Comments**
   ASH opposes a cap, which disincentivizes the best science from receiving funding. and does not reflect the realities of modern, collaborative research. If the concern is the PI's capability to oversee numerous research projects, the NIH should consider other ways to measure this, perhaps by focusing on PI effort rather than the number of grants overseen. Hematology research relies on multidisciplinary, multi-PI awards, sustained support for rare disease studies, longitudinal cohorts, and clinical trials that are not easily transferable.