American Society of Nephrology

ASN Response to NIH's 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 (NOT-OD-26-086)

On behalf of the more than 37,000,000 Americans living with kidney diseases and the 20,000 nephrologists, scientists, and other kidney health care professionals who comprise the American Society of Nephrology (ASN), thank you for the opportunity to respond to the National Institutes of Health's (NIH's) Request for Information (RFI).

ASN shares NIH's commitment to expanding opportunities for investigators, strengthening the biomedical research workforce, and fostering scientific innovation. However, ASN does not support establishing a limit on the number of concurrent NIH Research Project Grants for which an investigator may serve as Principal Investigator or Multi-Principal Investigator. While well intentioned, ASN is concerned that such a policy would not address the fundamental challenges facing the kidney research community and could unintentionally reduce the productivity and collaborative capacity of some of the nation's most successful research programs.

The kidney research community is particularly sensitive to funding constraints and remains one of the most underfunded areas of biomedical science relative to disease burden. In Fiscal Year (FY) 2023, NIH invested approximately $703 million in kidney disease research, equivalent to just over $19 per person living with kidney diseases. [1] By comparison, NIH invested approximately $423 per patient with cancer, $528 per patient with Alzheimer's disease, and $2,745 per patient with HIV/AIDS.[2] The consequences of this chronic underinvestment extend beyond research itself. Kidney diseases account for one of Medicare's largest areas of spending, while the kidney research workforce remains comparatively small and vulnerable. The nephrology community continues to face longstanding challenges in recruiting and retaining physician-scientists and sustaining independent investigators throughout their careers. As ASN and the kidney community has previously recommended in the *Transforming Kidney Health Research* report, addressing these challenges will require both increased federal investment and continued efforts to expand opportunities for investigators across the career continuum.

ASN agrees that broadening access to NIH funding is an important objective, particularly for Early-Stage Investigators (ESIs) entering nephrology. However, limiting the number of grants

[1] https://www.asn-online.org/policy/webdocs/page.aspx?code=tkhr
[2] https://www.asn-online.org/policy/webdocs/page.aspx?code=tkhr

held by individual investigators simply redistributes existing resources within an already underfunded portfolio. Given the relatively small size of the kidney research community, a grant cap could have unintended consequences by limiting the ability of highly productive investigators to pursue multiple complementary lines of research, respond to emerging scientific opportunities, or lead multidisciplinary programs that accelerate discovery.

Kidney research increasingly depends on collaborative science spanning nephrology, transplantation, cardiovascular disease, diabetes, genomics, and bioengineering. Many advances are made possible because experienced investigators contribute their expertise across multiple NIH-supported projects and institutions. A rigid cap on concurrent awards could discourage these collaborations, reduce mentoring opportunities for trainees and junior investigators, and slow the translation of promising discoveries into improved patient care. Rather than increasing scientific productivity, ASN is concerned that such a policy could diminish the capacity of the kidney research enterprise to address the complex biological and clinical challenges that patients face.

ASN believes NIH can more effectively achieve its stated goals through policies that expand, rather than redistribute, research opportunities. Continued growth in the NIH budget remains the most effective strategy for supporting both established investigators and the next generation of scientists. ASN continues to recommend increasing federal investment in kidney research to $1.8 billion annually over the next decade and is advancing bipartisan support in Congress for a dedicated $1 billion annual investment in kidney research at the National Institute of Diabetes and Digestive and Kidney Diseases[3]. In addition, NIH should continue to strengthen programs that support ESIs, enhance career development and transition awards, expand mentoring opportunities, and encourage innovative research from investigators at institutions that have historically received fewer NIH awards.

If NIH ultimately determines that some form of grant limit is warranted, ASN strongly recommends that the agency first conduct a comprehensive analysis of its potential impact across scientific disciplines, research mechanisms, and career stages. Any policy should be implemented prospectively with an appropriate transition period to avoid disrupting active awards.

ASN appreciates NIH's willingness to engage stakeholders on this important issue and looks forward to working with the agency to implement policies that strengthen the biomedical research workforce, expand opportunities for investigators, and accelerate progress toward preventing, treating, and ultimately curing kidney diseases.

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[3] https://www.asn-online.org/policy/webdocs/wilsonstrickland.pdf

Again, thank you for the opportunity to provide comments, and ASN stands ready to provide additional information or offer access to its expert members as NIH considers future policy changes impacting the nation's kidney health. To discuss these comments, the RFI, or ASN, please contact Ryan Murray, Senior Manager of Policy and Government Affairs, at rmurray@asn-online.org.