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action, rebalancing the funding portfolio to 2003 levels would generate an estimated $55 million that could fund 2,200 additional grants, an enormous gain that would have widespread benefits. It is anticipated that this rebalancing would occur primarily by reducing or eliminating the least effective non-investigator initiated programs.

II. ADOPT A COMPETITIVELY BASED SLIDING SCALE

The current NIH peer review system for awarding funding relies on matching the availability of funds with a list of proposals that have been ranked based on merit, necessarily leading to arbitrary cutoffs for paylines. Unfortunately, as overall funding for the NIH has stagnated, deserving, valuable projects have routinely been left unfunded as success rates for proposals have steadily dropped: Whereas, 1 out of 3 proposals used to be accepted, now the rate is less than 1 out of 5. It is imperative that meritorious projects receive some level of support. We propose instituting a competitively based, sliding funding scale. Various formulations could be used to institute this proposal. One example would be 100% funding for 0-5th percentiles, 90% funding for 5-10th percentiles, 80% for 10-15th percentiles, 70% for 15-20th percentiles (assuming that, with all measures taken, funding would occur up to the 20th percentile). Raw analysis finds that this sample sliding scale would result in approximately $600 million in annual savings (relative to FY09), allowing for approximately 1,300 new grants to be considered for funding. Though payline cutoffs would remain subjective, success rates would return to levels above 30%, allowing more investigator-initiated grants to receive at least partial funding.

III. RESTRIB176 0 Tcr335 TdF7si5(t)-dF7si5(t)-d AMTdF7O(t)-UNT O(t)-F