ASTS
American Society of Transplant Surgeons

July 13, 2026

The Honorable Russell Vought
Director
Office of Management and Budget
725 17th St, NW
Washington, DC 20503

Submitted electronically via regulations. gov

Re: OMB-2026-0034, Proposed Revisions to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Proposed Rule")

Dear Director Vought:

The American Society of Transplant Surgeons (ASTS) appreciates the opportunity to comment on the Proposed Rule. ASTS is a medical specialty society representing approximately 2,400 professionals dedicated to excellence in transplantation surgery. Our mission is to advance the art and science of transplant surgery through patient care, research, education, and advocacy.

The Proposed Rule would, among other things:

- Require agencies to design programs to align with current Administration priorities;
- Require agencies to designate a political appointee to conduct pre-issuance review of discretionary award decisions;
- Require discretionary awards to advance the President's priorities;
- Subject award selection and administration to broad ideological and topic-based restrictions, by requiring political appointees to consider whether a proposal would fund, promote, encourage, subsidize, or facilitate specified prohibited categories (racial preferences, denial of the sex binary, illegal immigration, initiatives that compromise public safety, or "anti-American values.")
- Prohibit use of federal awards to promote or support theories of disparate-impact liability—the legal framework under which facially neutral policies or practices may be challenged when they produce different outcomes across race, sex, or other protected groups.

ASTS strongly supports and has endorsed the comments on the Proposed Rule submitted by the American Medical Association. For the reasons set forth in the AMA's comments, we strongly urge the OMB to refrain from adopting the Proposed Rule and to instead adopt the AMA's recommendations.

The field of transplantation is heavily reliant on federal funding, and, for that reason, the changes described in the Proposed Rule may have significant impact on the future course and direction of

the field. Federal funding drives opportunities for transplant research, the provision of financial assistance to living donors (through the National Living Donor Assistance Program); the scope of data collected and made public by the Scientific Registry of Transplant Recipients (SRTR), and the operation of the Organ Procurement and Transplantation Network (OPTN), which establishes policies for organ allocation and quality assurance.

In light of the federal government's outsized role in the transplant system, the Proposed Rule is of considerable concern to the transplant community. If adopted in its current form, implementation of the Proposed Rule has the potential to undermine public trust in the system, inhibit the conduct of much-needed research, and limit the collection of the kind of comprehensive data that drives progress in the field. For example:

- By politicizing the award of research grants, the Proposed Rule has the potential to further inhibit the (already inadequate) award of transplant-related research grants, since transplantation does not fall within the jurisdiction of any single NIH Institute and the affected patient population is relatively small.
- The provisions of the Proposed Rule that are intended to preclude the use of federal funding for DEI research have the potential to inadvertently inhibit the flow of federal funding to conditions that disproportionately impact particular racial groups, including End Stage Renal Disease (ESRD), which disproportionately affects the Black population.
- The Proposed Rule prohibiting the use of federal awards to promote or support theories of disparate-impact liability has the potential to preclude the SRTR or the OPTN from collecting data on the disparities in access to, and outcomes of, transplantation among various racial and ethnic groups. This data is needed to address gaps in access to care.

Our most pressing concerns, however, relate to the potential impact of the Proposed Rule on the independence, integrity, and ultimately the credibility, of the OPTN. Because the OPTN is overseen by the Health Resources and Services Administration (HRSA**)** and governed by the Securing the U.S. OPTN Act, operational contracts function as federal awards. This subjects contractors and vendors to the federal standards outlined in the HHS Grants Policy Statement and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance, codified at 2 CFR 200), which is a primary focus of the Proposed Rule.

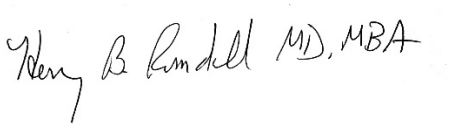
The OPTN performs a broad range of functions, including, most critically, the formulation of organ allocation policy. Establishing organ allocation policy requires balancing numerous factors, including not only clinical criteria but also factors relating to how broadly organs should be allocated (i.e. whether, and to what extent, geographic disparities in organ procurement should be addressed by distributing organs more broadly). In light of the severe organ shortage, different allocation methodologies may favor different geographic regions and different political constituencies. For this reason, organ allocation formulas have significant political repercussions and have the potential to become (and have been) the subject of intense political scrutiny.

ASTS
American Society of Transplant Surgeons

The OPTN was established by Congress as a public-private partnership precisely to insulate organ allocation and other highly sensitive transplant-related policies from political influence—to ensure that allocation decisions are made in a manner that maximizes access to transplantation and the overall equity of the system, rather than satisfying the political exigencies of the moment. The public's trust in the system depends on the objectivity and scientific rigor of its processes, which are performed by operational contractors chosen by HRSA, consistent with policies adopted by an OPTN Board designated by HRSA. It is critical that the OPTN Board and its operational contractors be selected in a manner that is completely independent of Administration—or any other political—priorities. By contrast, the Proposed Rule would put in place a system that would make political considerations paramount.

We appreciate the opportunity to comment on this important Proposed Rule. If you have any questions regarding these comments, please contact ASTS' Director of Advocacy and Professional Practices, Emily Besser (Emily.Besser@ASTS.org).

Respectfully,



Henry B. Randall, MD, MBA
President, American Society of Transplant Surgeons