July 12, 2026

Andrew Reisig and Joel Savary
Office of Federal Financial Management
Office of Management and Budget
Submitted via Regulations.gov | Docket No. OMB-2026-0034

Re: Comments on Proposed Rule — Regulation for Federal Financial Assistance (91 FR 32198, May 29, 2026)

Dear Mr. Reisig and Mr. Savary:

The undersigned organizations, representing medical society executives, healthcare associations, scholarly and scientific societies, and affiliated nonprofit organizations across the United States, submit these comments in response to the Office of Management and Budget's proposed revisions to the Regulation for Federal Financial Assistance, which would convert the existing Uniform Guidance into binding Uniform Grant Regulations across more than 40 federal agencies and all federal financial assistance. We write to raise substantive concerns about the impact of several proposed provisions on the medical and scientific communities we serve and the federal grant programs on which they depend.

Our organizations share OMB's stated commitment to transparency, accountability, and the responsible stewardship of federal taxpayer dollars. We support efforts to improve clarity in grant management requirements and to root out genuine waste. However, certain provisions of the proposed rule, as currently drafted, raise serious concerns about regulatory overreach, the politicization of scientific funding decisions, operational uncertainty, and unintended consequences for health research, public health programming, and the scholarly enterprise that serves all Americans.

I. [§200.205, §200.206] Political Review Should Not Displace Independent Scientific Peer Review

The proposed rule would give political appointees authority to determine whether individual grant proposals are funded, including the discretion to override or disregard the recommendations of independent scientific peer reviewers. Peer review exists precisely because funding decisions of this kind require subject-matter expertise that political appointees do not, and should not be expected to, possess. Inserting political judgment into individual funding determinations — as opposed to setting overall agency priorities, which is an appropriate executive function — risks funding decisions made on grounds unrelated to scientific merit, undermines public trust in the integrity of federally funded research, and exposes career scientists and grant-making staff to pressure inconsistent with longstanding norms of scientific independence.

We urge OMB to preserve the role of independent, merit-based peer review as the primary basis for individual funding decisions, and to limit political appointee involvement to the setting of programmatic priorities at the agency level rather than case-by-case award determinations.

II. [§200.211] Pre-Issuance Review of Investigator Affiliations Is Unworkable and Chilling

The proposed rule contemplates pre-issuance review of applicants and investigators to screen for affiliations or activities deemed politically concerning before an award is made. This provision is vague as to what affiliations would trigger denial, who makes that determination, and what review or appeal rights an applicant would have. For medical and scientific researchers, whose affiliations with professional societies, journals, international collaborators, and academic institutions are a normal and necessary feature of scholarly work, this provision creates a substantial chilling effect and a real risk of arbitrary or inconsistent application across agencies and administrations.

We request that OMB either remove this provision or, at minimum, define it narrowly, limit it to legally cognizable conflicts of interest and national security concerns already addressed elsewhere in federal law, and provide applicants notice and a meaningful opportunity to respond before any adverse determination.

III. [§200.339–§200.343] Expanded Termination Authority Threatens Research Continuity and Wastes Taxpayer Investment

The proposed rule would allow agencies to terminate active grants when they no longer align with the administration's current priorities, with fewer required explanations and substantially narrowed avenues for appeal. This authority is particularly concerning for multi-year research and clinical programs. Terminating a research award mid-project does not merely delay outcomes — it frequently destroys the value of the work already completed. Clinical trials lose statistical validity if halted before completion; longitudinal health studies cannot be paused and resumed without compromising their scientific value; and partially completed work that produces no usable, peer-reviewed findings represents a direct waste of the taxpayer dollars already spent, not a saving of future ones.

We recommend that any termination authority based on changed agency priorities, as distinct from documented recipient noncompliance, include: (1) a presumption against terminating awards once substantive research activity is underway; (2) written notice with specific, fact-based justification; (3) meaningful opportunity to cure or contest the determination before termination takes effect; and (4) access to an independent appeals process.

IV. [§200.454, §200.432] Restrictions on Publication and Conference Costs Undermine Scientific Dissemination

The proposed changes to allowable cost principles would restrict the use of federal award funds for scholarly publication costs and scientific conference participation. Peer-reviewed publication and conference presentation are not administrative overhead — they are the mechanism by which federally funded research is validated, disseminated, and translated into clinical and public health practice. Scholarly societies, including medical specialty societies, rely on these activities to fulfill their educational and scientific missions, and many operate the peer-reviewed journals and professional

meetings through which federally funded findings reach practicing clinicians and researchers. Restricting these costs would not reduce waste; it would reduce the public return on the research investment that has already been made.

We request that OMB affirm the allowability of reasonable publication and conference participation costs that are directly tied to the dissemination of federally funded research findings.

V. [§200.220] Foreign Collaboration Restrictions Require Precise, Workable Definitions

The proposed rule's restrictions on "covered foreign collaborations" are not defined with sufficient precision to allow recipients to determine, in advance, which routine international scientific collaborations would be affected. International collaboration is a standard and often essential feature of medical research, public health surveillance, and clinical trials. We urge OMB to align this provision with existing, well-established federal research security frameworks rather than creating a new, freestanding standard, and to provide concrete examples distinguishing prohibited collaborations from ordinary international scientific exchange.

VI. The Comment Period Should Be Extended

The proposed rule touches more than 40 federal agencies and applies to all federal financial assistance, with a final rule effective date proposed for October 1, 2026. The 45-day comment period, ending July 13, 2026, is insufficient for the regulated community to meaningfully analyze and respond to changes of this magnitude. More than 320 organizations have already requested that OMB extend the comment period to August 27, 2026, and we join in that request. We also ask that OMB conduct stakeholder listening sessions with affected communities, including the health research and medical society sectors, before finalizing the rule.

Conclusion

The undersigned organizations respectfully urge OMB to address the concerns raised above before finalizing this rule. We remain committed to effective grants management and the responsible use of federal funds, and we believe the goals of transparency and accountability are best served by preserving independent scientific judgment, due process for grant recipients, and continuity for research already underway. We welcome the opportunity to engage with OMB directly on these issues and stand ready to help develop workable solutions.

Respectfully submitted,

American Association of Medical Society Executives (AAMSE)
[Additional Signatories Below]

Co-Signing Organizations

Medical Society of the District of Columbia

Alaska State Medical Association

Washington State Medical Association

Vermont Medical Society

American Society of Pediatric Hematology/Oncology

MedChi, The Maryland State Medical Society

American Society for Gastrointestinal Endoscopy

Iowa Medical Society

Memphis Medical Society

Association of Academic Physiatrists

Kentucky Medical Association

Society for Vascular Surgery

Arkansas Medical Society

Nebraska Medical Association

American Society of Transplant Surgeons

American Association of Academic Addiction Medicine

American Academy of Allergy, Asthma & Immunology

American Podiatric Medical Association

American Academy of Emergency Medicine (AAEM)

Pennsylvania Medical Society

Renal Physicians Association

Rhode Island Medical Society

American College of Chest Physicians

Ada County Medical Society, Inc.

Minnesota Medical Association

Idaho Medical Association

American Association of Neuromuscular & Electrodiagnostic Medicine

Missouri State Medical Association

Hawaii Medical Association

New Hampshire Medical Society

Connecticut State Medical Society

Oregon Medical Association

North Dakota Medical Association

Tennessee Medical Association

American Medical Women's Association

Wisconsin Medical Society

Medical Society of Delaware

Bexar County Medical Society

American College of Rheumatology

Indiana State Medical Association