American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

July 13, 2026

RE: OMB-2026-0034

The Honorable Russ Vought
The Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

Re: Regulation for Federal Financial Assistance

Dear Director Vought,

On behalf of our nearly 40,000 members, the American College of Emergency Physicians (ACEP) appreciates the opportunity to share our comments on the Office of Management and Budget's (OMB) proposed revisions to the Uniform Guidance governing federal grant awards. ACEP shares the Administration's desire and commitment to ensuring that federal grant dollars are allocated effectively, efficiently, and in a merit-based manner, and continue to build upon the United States' established position as the global leader in gold-standard science and groundbreaking biomedical research and innovation.

Emergency departments (ED) are a core pillar of the U.S. health care system. Our members lead federally funded research that improves medical outcomes for patients with acute illness and injury, strengthens disaster preparedness, advances public health, and improves the efficiency and effectiveness of care provided in this country. Our comments are focused on responding to the proposed policies relevant to emergency physicians, the advancement of scientific discoveries in the field to improve the cost and quality of health care, and the more than 150 million patients we serve every year.

Strengthening accountability, transparency, and effective oversight for federal awards ensures that hard-earned taxpayer dollars continue to deliver the bold scientific research and discoveries that push the boundaries of innovation. We respectfully urge OMB to revise the proposal to better preserve scientific independence, protect research participants, and avoid disruptions to federally funded research directly benefiting our patients and communities. In that regard, we offer the following recommendations:

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§200.205: "Pre-issuance Review" of Grant Decisions

ACEP shares OMB's belief that federal awards should be merit-based and produce real results that advance science and improve the lives of our citizens. We urge OMB to preserve independent peer review by qualified experts as the basis for evaluating the scientific and technical merit of research proposals.

Peer-reviewed federal research has propelled significant advances in the practice of emergency medicine, including in trauma systems, stroke care, cardiac arrest resuscitation, sepsis management, overdose treatment, disaster preparedness, and "everyday" emergency care delivery – essential cornerstones of the health care safety net that emergency physicians provide. These developments have been made possible by ensuring that experts with relevant scientific, clinical, and methodological expertise are responsible for reviewing studies and research with scientific independence.

As drafted, §200.205 requires pre-issuance review by senior appointees to evaluate compliance with policy priorities. Federal agencies currently set research priorities, establish guidelines, and ensure that awards comply with law. This new proposal to implement additional reviews by senior political appointees threatens to undermine integrity of federal research awards, allowing for the possibility of political interests or agendas to influence the direction of American scientific research and innovation. Such reviews are likely to add costs, increase delays, and reduce transparency in grant decisions, and in fact directly conflict with the Administration's Executive Order 14303 defining "Gold Standard Science" which reaffirms that "reproducibility, rigor, and unbiased peer review must be maintained." Further, given frequent turnover of political appointees, this proposal would introduce significant unpredictability in pre-issuance review standards – discouraging long-term investments and commitments from entities that help supplement federal programs and research.

Overall, we strongly believe that the federal award process must preserve independent peer review by qualified experts as the primary basis for determining the scientific and technical merit of research proposals; keep any review for legal compliance or agency priorities separate from, and not a substitute for, the scientific-merit determination; and advance the rule's rigor and reproducibility goals by strengthening expert review. It should also ensure strong provisions to prevent conflicts of interest, and above all, maintain independence from any political influences that could erode public confidence and trust in biomedical research.

§200.206: Federal Agency Review of Risk Posed by Applicants

Ensuring that an applicant can competently complete the work before federal funds are committed to a research proposal is essential to promoting high-quality research and protecting taxpayer dollars, and the existing rigorous pre-award risk assessment processes are necessary and appropriate. We are concerned that the new standards proposed in this rule would undermine the Administration's goals, replacing a system that has proven effective with an overall weaker standard that could inappropriately penalize evidence-based science, create significant ambiguity and inconsistency, and be susceptible to manipulation.

Penalizing an applicant for "non-replicable studies" punishes the ordinary trial and error of evidence-based science. Science is inherently trial-and-error, and investigators should not be penalized for honestly and ethically conducting and reporting a study that a subsequent effort did not reproduce. The newly proposed

criteria (i.e., activities "inconsistent with" civil-rights or religious-liberty laws, and affiliations that "undermine public safety or national security," etc.) also create uncertainty about applicants' disqualifying characteristics and are not adequately defined in the proposed revisions. This ambiguity undermines OMB's own commitment to provide recipients with clear and straightforward notice of the terms governing their awards. It also increases the burdens on federal agencies that would be tasked with these determinations, and risks legal challenges that could result from inconsistent agency determinations.

We urge OMB to retain the existing financial, management, performance, and audit factors, and confirm that this provision does not authorize additional audits, progress reports, or other new administrative burdens – while also strengthening oversight requirements to address existing oversight gaps that have been previously identified by the Government Accountability Office (GAO). Again, researchers should not be penalized for non-replicable studies or based on other informal or non-established integrity criteria.

§200.340: Termination and Stop-Work Authority

ACEP shares the Administration's commitment to responsibly administering taxpayer funds and ensuring that federal awards continue to serve their authorized purposes. As proposed, § 200.340 implements contract-style termination and stop-work authorities to federal awards that would be disruptive or destructive to long-term research, and do not account for the important ethical obligations inherent to research involving human subjects. While such authorities may be appropriate in federal procurement processes, they do not directly translate to the research setting.

Abruptly cutting off a long-term study does not just waste the resources already spent, but it erases data that can never be recovered. Like nearly all research, the data pipelines feeding disease surveillance systems that communities and public health agencies depend on to detect outbreaks and allocate resources cannot simply be restarted mid-stream without losing crucial progress, data, or even researchers and other staff. There are important national security and preparedness considerations as well. With the emergency care frontline already at a breaking point on any given "normal" day, our system's ability to respond to a large-scale crisis is already significantly diminished and may have serious, life-threatening consequences for millions of patients.

Additionally, sudden terminations without cause violate the ethical principles essential to informed consent of subjects enrolled in studies – it not only diminishes their contributions but may also unnecessarily place patients at risk of harm by not completing therapies.

ACEP encourages OMB to withdraw this proposal. At minimum, it should apply critical safeguards and ensure that any discretionary termination or temporary suspension take effect *only* after a defined period necessary to ensure participant safety, complete required follow-up, and preserve invaluable research data. It should also implement pathways to contest and to appeal termination decisions.

<u>Impact on Patient Care</u>

§200.218: Prohibition of Using Federal Awards to Promote or Support Theories of Disparate-Impact Liability

Per the Emergency Medical Treatment and Labor Act (EMTALA), emergency departments serve all Americans regardless of insurance status or ability to pay, frequently caring for populations disproportionately affected by injury, illness, substance use disorders, mental health conditions, and other barriers to care. Understanding how different diseases, treatments, and health systems affect different populations is essential to improving patient care and outcomes nationwide, and identifying patterns and variations is how biomedical researchers develop more effective interventions. Restricting the ability of researchers to use terminology needed to accurately describe and understand varying impacts on patient populations adds unnecessary barriers and may unintentionally risk discouraging evidence-based research on specific populations – even where such research aligns with federal priorities.

ACEP agrees that federal funds of any type, including grant awards, should never subsidize unlawful discrimination, and we support the Administration's efforts to defend civil rights laws and constitutional requirements. However, the proposed rule risks limiting important scientific inquiry by equating the identification of differences in outcomes with the presumption or imposition of discriminatory practices in research studies.

One such example is the different ways urban and rural populations utilize the emergency department.[1] Rural patients are more likely to utilize the emergency department for primary care services than their urban counterparts, indicating challenges to accessing primary care and increasingly fragmented care. Studying the different access and utilization challenges between rural and urban emergency departments is needed to improve value-based care delivery and quality in rural areas. Beyond the research impacts, we are concerned that the proposed rule may have substantial negative impacts on rural access to care, specifically the implementation of the Rural Health Transformation Fund (RHTF) established under the One Big Beautiful Bill Act (OBBBA; P.L. 119-21). Changes to the Uniform Guidance will have widespread effects for these funds, potentially restricting a state's ability to spend previously approved funds through the RHTF. With states facing strict new political compliance rules, new unallowable cost classifications, and heightened risks of sudden award termination, this could make it more challenging for states to bolster the rural health care workforce, invest in long-term transformations, or improve care access and outcomes for rural Americans, due to uncertainty and limitations around future funding.

We encourage OMB to withdraw this proposed prohibition. Should the Administration proceed, at minimum, explicit clarification should be provided to ensure that lawful research examining patient outcomes, health care delivery, health services, implementation strategies, and algorithmic performance remain fully permissible and eligible for federal support; and, that the Rural Health Transformation Fund is not subject to new compliance requirements or risk of sudden termination.

§200.300: Statutory and National Policy Requirements

[1] Greenwood-Ericksen MB, Kocher K. Trends in Emergency Department Use by Rural and Urban Populations in the United States. JAMA Netw Open. 2019 Apr 5;2(4):e191919. doi: 10.1001/jamanetworkopen.2019.1919. PMID: 30977849; PMCID: PMC6481434.

ACEP strongly supports compliance with federal nondiscrimination law. However, we are concerned that this section's broad and ambiguous or undefined terms could leave educators and investigators uncertain about what is permitted, thereby deterring lawful, evidence-based work and eroding that standing without advancing any clear federal priority. Terms such as "promote," "encourage," "subsidize," and "facilitate" are not sufficiently defined, and the absence of clear implementation guidance or arbitrary enforcement could deter lawful, evidence-based work that is central to improving emergency care.

Such sweeping new restrictions will have a chilling effect on biomedical research and innovation across a wide array of fields or subject areas, regardless of their potential need or scientific merit. Especially as we are experiencing a chronic disease epidemic across the country, better understanding the individual and unique needs of our patients with complex conditions is critical in tackling the epidemic. For millions of patients, the emergency department is often the first – or only – interaction they may have with the health care system, with our patients coming from vastly different clinical, social, or demographic characteristics. Vague, ambiguous restrictions will discourage the very research and science that makes emergency medicine effective for every patient who walks through the door, and will limit our ability to improve that care moving forward.

We urge OMB to withdraw the proposed restrictions and provide clear definitions and guidance to ensure that the rule overall does not prohibit lawful, evidence-based medical education, clinical research, quality improvement, workforce training, or patient care activities to improve outcomes, reduce preventable harm, and ensure appropriate emergency care for all patients.

Journals and Knowledge Dissemination

§200.432: Conferences

Emergency medicine in particular is at the leading edge of clinical advancement, with new developments and clinical improvements coming at a rapid pace. New resuscitation protocols, toxicology updates, disaster response frameworks, among many others, make conference participation especially time-sensitive and not easily planned years in advance. The proposed revision in this section imposes an unnecessary administrative burden by requiring grantees to secure prior approval for conference attendance, potentially many years in advance, when anticipating developments is functionally impossible given the ever-evolving nature of scientific discovery and advancement. Further, this policy would limit the dissemination and uptake of any findings these awards are intended to produce.

ACEP urges OMB to adopt a more flexible approach that permits reasonable conference-related expenses during the grant period (as opposed to requiring agency-specific pre-approval of each conference), with reasonable requirements or review processes and appropriate documentation of relevance to the goals of an award.

§200.461: Publication and Printing Costs

ACEP reiterates our longstanding shared commitment to funding scientific research that advances medical breakthroughs and ensuring that federal research dollars are used efficiently and effectively. We share the Administration's concerns with the escalating costs of scientific publication and open access charges; however, the proposed policies will shift this burden onto individual investigators, rather than addressing the underlying structural dynamics of the publishing industry. Publication is how federally-funded research becomes praxis – limiting the use of award funds for publication costs threatens to impede the timely communication of vital discoveries and restricts public access to the outcomes of federally-supported science.

We urge OMB to pursue cost-containment strategies while still leveraging the enormous scientific influence of the National Institutes of Health (NIH) rather than a blanket policy that considers publication costs as categorically unallowable. We also encourage the Administration to consider investments in centralized open knowledge repositories outside of the traditional for-profit commercial publishing system.

Conclusion

Emergency physicians are the frontline of the nation's health care safety net. Our 24/7/365 commitment to providing access to lifesaving emergency care to every patient, regardless of insurance status or ability to pay, is foundational to and a unique distinction of our profession. Our ability to provide timely, evidence-based care is dependent on the world-class, groundbreaking, and innovative biomedical research that is without equal across the globe.

Once again, thank you for the opportunity to share our comments on this proposal. ACEP shares OMB's commitment to ensuring scientific rigor and guaranteeing responsible stewardship of hard-earned taxpayer resources, and we strongly encourage OMB to consider our comments and suggestions to ensure continued access to timely, high-quality, lifesaving emergency care for all Americans.

Sincerely,

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President
American College of Emergency Physicians