Monday, July 6, 2026

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

Submitted electronically via www.regulations.gov

Re: Docket No. OMB-2026-0034; Proposed Rule, "Regulation for Federal Financial Assistance," 91 Fed. Reg. 32198 (May 29, 2026)

Dear Director Vought:

The undersigned emergency medicine organizations, representing emergency physicians, emergency medicine residents and medical students, researchers, and academic chairs of emergency medicine across the United States, write to express serious concerns regarding the proposed Regulation for Federal Financial Assistance, which would revise the government-wide framework for federal grants and cooperative agreements set forth in Title 2 of the Code of Federal Regulations. While the undersigned organizations join together in submitting this letter, each may also file its own separate comments addressing the concerns of greatest importance to its members.

Emergency departments are the front line of the American health care system, open to every patient, twenty-four hours a day, with more than 150 million visits each year. The advances that define modern emergency care such as trauma and resuscitation science, time-critical treatment of stroke and heart attack, sepsis recognition, opioid overdose reversal, and disaster and pandemic preparedness are the direct products of federally funded research selected through rigorous, independent scientific review. The proposed rule places that system at risk.

We respectfully urge OMB to revise the proposal consistent with the following principles.

1. Grant review must be grounded in scientific review, and scientific merit must be determined by the medical and scientific community.

Our primary concern is that proposed § 200.205 would require pre-issuance review of every discretionary award by senior political appointees, would render expert peer review merely "advisory," and would expressly direct agency decision-makers not to defer to the recommendations of scientific reviewers. Judgments about the scientific and technical

merit of biomedical research require scientific and clinical expertise. Independent merit review by qualified scientists and physicians has been the foundation of the federal research enterprise for nearly eighty years and is the reason the United States leads the world in biomedical innovation.

Subordinating expert review to review by officials who lack scientific training would delay funding decisions, introduce non-scientific considerations into clinical research, erode public trust in science, and ultimately harm patients. We urge OMB to revise §§ 200.205 and 200.202 to affirm that the assessment of scientific merit rests with qualified scientific reviewers drawn from the medical and scientific community, and that funding decisions follow from that review.

More fundamentally, the proposal risks subordinating scientific merit to political alignment. Emergency care research funding should be prioritized based on its potential to improve outcomes in time-sensitive, life-threatening conditions, not on whether a topic can be framed as advancing the policy priorities of any administration. Emergency medicine would be disproportionately affected by such a standard, because emergency department research often involves the populations and conditions that are viewed as politically sensitive. Studies on opioid use disorder, behavioral health crises, homelessness, violence, rural access, maternal emergencies, language barriers, disability, and uninsured care are core to emergency medicine, because these patients present to the emergency department every day.

2. Eligibility for research funding should not be restricted on the basis of a researcher's country of citizenship.

Proposed §§ 200.220, 200.202(e), and 200.303(f) would broadly restrict international research collaborations and impose new verification requirements that, in practice, would condition participation in federally funded research on citizenship and national origin. Disease and injury do not respect borders, and neither do our patients: millions of U.S. citizens travel, work, study, and seek medical care around the world every year, and the quality of the emergency care they receive abroad and at home depends on a global evidence base.

Emergency care research is inherently international. Collaborative networks in trauma, resuscitation, toxicology, and emerging infectious disease have directly improved the care delivered in American emergency departments and are essential to preparedness for pandemics and mass-casualty events. Moreover, some of the most productive emergency care investigators at U.S. institutions are citizens of other nations. Restricting funding based on a researcher's citizenship would weaken American science without making it more secure. Legitimate research-security concerns should continue to be addressed through existing, targeted disclosure and security requirements, not through categorical restrictions tied to citizenship or nationality.

3. Awards must be stable, and decisions to terminate them must rest on objective criteria.

Proposed § 200.340(a)(2) would permit termination of an award whenever it is deemed no longer to advance "agency priorities" or the "national interest," without any finding of noncompliance. Meaningful clinical research, including multi-center trials, longitudinal cohorts, and training awards that build the emergency care research workforce, requires multi-year commitments. Permitting termination at will would chill applications, destabilize ongoing studies involving patients, and waste the taxpayer investment the rule purports to protect.

Relatedly, proposed restrictions on publication and conference costs (§§ 200.421, 200.432, and 200.461) would impede the dissemination of federally funded findings to the clinicians who need them at the bedside, and conflict with existing federal open-access requirements.

Revocable funding is especially damaging in emergency medicine research because emergency department based studies depend on multi-site hospital participation, EMS partnerships, twenty-four-hour enrollment capacity, registry infrastructure, integration with electronic health records, and long start-up timelines. If awards can be suspended or terminated whenever priorities change, institutions will be far less willing to build or maintain that infrastructure. More broadly, the proposal would create uncertainty across the research enterprise as a whole, which negatively affects national readiness. Emergency medicine research on disaster response, trauma systems, overdose care, sepsis, stroke, pediatric emergencies, emerging infections, and surge capacity all depends on sustained research investment.

We share OMB's stated goals of transparency, accountability, and reduced administrative burden, and we support provisions of the proposal that streamline notices of funding opportunity and encourage multi-year awards. However, accountability is not advanced by replacing scientific judgment with political review, by excluding researchers on the basis of citizenship, or by making every award revocable at will.

We respectfully urge OMB to substantially revise the proposed rule consistent with the principles above before issuing any final rule, and we stand ready to work with OMB and federal research agencies toward a grants framework that is both accountable to the public and grounded in scientific merit.

Thank you for your consideration. Questions regarding this letter may be directed to Michael R. Fraser, PhD, MS, CAE at mfraser@acep.org or (202) 222-5166.

Respectfully submitted by:

American College of Emergency Physicians
American College of Osteopathic Emergency Physicians
Council of Residency Directors in Emergency Medicine
Emergency Medicine Residents Association
Society for Academic Emergency Medicine