



July 13, 2026

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

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

Dear Director Vought:

On behalf of more than 23,000 physician, resident, and medical student members of the Massachusetts Medical Society (MMS) — the nation’s oldest continuously operating state medical society and the publisher of the New England Journal of Medicine (NEJM) and the broader NEJM Group family of journals — we submit these comments on OMB-2026-0034, Regulation for Federal Financial Assistance, published in the Federal Register on May 29, 2026 (91 Fed. Reg. 32198). The mission of MMS is to advance medical knowledge, develop and maintain the highest professional and ethical standards of medical practice and health care, and promote medical institutions formed for the health, benefit, and welfare of the people of the Commonwealth. MMS opposes the proposed rule. Its provisions would imperil the future of American medical research, reduce the productivity of federally supported science, and weaken U.S. leadership in medical innovation. These comments reflect the perspectives of physicians and physician trainees across geographies, specialties, and practice settings, as well as NEJM Group’s experience evaluating and disseminating peer-reviewed research for use in patient care.

The American biomedical research enterprise is the most productive scientific system in the world. Federal investment, sustained across administrations and evaluated on scientific merit, has produced advances far broader than any single list can capture. Recent examples include GLP-1 therapies for obesity and cardiovascular disease; mRNA vaccine platforms that enabled the COVID-19 vaccine response; curative gene therapies for sickle cell disease; and the transformation of HIV from a fatal diagnosis into a manageable chronic condition. None of these breakthroughs were foreseeable when the underlying research was first funded. They came as the result of a system with long funding horizons, independent expert review, and stability that fostered investigators to build careers around difficult questions. That system is what this rule places at risk.

**Increased Uncertainty Threatens Biomedical Research**

**[200.202; 200.205; 200.218; 200.300; 200.340]**

The proposed rule would introduce uncertainty and instability into the federal research enterprise, chilling scientific inquiry and slowing discovery. Multi-year clinical trials,



longitudinal cohort studies, and foundational laboratory research depend on sustained funding horizons to plan careers, build laboratories, and enroll patients. Provisions that allow political appointees to condition, redirect, or terminate awards based on shifting priorities substitute political judgment for the scientific expertise that peer review supplies. This will not produce better science. It will produce awards selected against criteria that scientific reviewers are not positioned to assess and that investigators cannot reliably anticipate – a recipe for lower research quality.

The most transformative federally funded research is often the least obvious at the time of funding. The basic science on gut hormones that eventually produced GLP-1 therapies was funded on scientific merit in the 1970s and 1980s; a political review process at the time would not likely have identified it as a priority. mRNA vaccine research likewise depended on decades of peer-reviewed funding despite persistent skepticism about its clinical utility. Peer review exists because breakthrough discoveries cannot be reliably predicted from political priorities set in advance.

The rule compounds this concern by conditioning awards on changing interpretations of undefined terms, including standards tied to “Diversity, Equity, and Inclusion” and to “Theories of Disparate-Impact Liability.” Those terms will be interpreted differently by different reviewers, in different political climates, and under different Administrations. That variability will make it difficult for investigators and institutions to know whether specific lines of inquiry remain fundable. The result will be less ambitious, shorter-horizon research — exactly the opposite of what federal science funding is best positioned to support.

This drafting problem is compounded in Section 200.300 and Section 200.218, which restrict the use of federal funds in ways tied to undefined categories, including “Diversity, Equity, and Inclusion” and “Theories of Disparate-Impact Liability.” Regardless of the Administration’s underlying policy priorities in this area, our concern is that, without clear definitions in the rule text, investigators and institutions will not be able to determine in advance whether research programs remain fundable — including research directly relevant to populations the Administration has consistently identified as priorities. Studies of health outcomes among veterans, service members, and Americans with disabilities routinely analyze differential effects across subpopulations. Depending on how a reviewer interprets the rule’s undefined terms, that research may be treated as fundable in one review cycle and unallowable in the next. The result is not a policy dispute; it is an implementation problem that will chill research the Administration would likely want conducted. We would urge OMB to provide clear definitional guidance in the final rule to reduce this risk.

The expanded termination authority would cause separate damage. Multi-year clinical research cannot be paused and resumed without cost. When federal funding is withdrawn from an active study, specialized research staff are laid off, patient cohorts disperse, laboratory infrastructure is dismantled and work already completed may lose much of its scientific value.



Patients enroll in clinical research on the understanding that the treatment, monitoring, and follow-up specified in the protocol will be delivered. Abrupt funding withdrawals break that understanding and damage the trust on which clinical research depends.

### **Administrative Complexity Impairs Scientific Discovery**

**[200.202; 200.205; 200.303; 200.432; 200.454]**

The proposed rule expands compliance obligations through additional certifications, reporting, and documentation of applicant conduct without showing that existing federal integrity systems are inadequate. SAM.gov, FAPIIS, and agency-level suspension and debarment processes already address these concerns. Layering new requirements on top diverts institutional and investigator time from research to compliance without improving accountability.

Section 200.432 illustrates the pattern. Under the proposed rule, conference attendance related to the scientific work of a grant would require express agency pre-approval and would need to be foreseen at the time the grant is made. Scientific conferences are where investigators present results, receive peer critique, refine methodology, and build the collaborations that advance their fields. Requiring political-appointee approval for participation — often long after the grant was awarded and the scientific direction of the work has evolved — introduces delay, administrative burden, and unpredictability into activities that are integral to the productivity of federally funded research. A recipient certification requirement tied to the scientific relevance of the conference would achieve the accountability the provision seeks without the operational cost of pre-approval.

The proposed requirement that all recipients and subrecipients enroll in and use the DHS E-Verify system for every employee and contractor working on a federal award adds substantial administrative burden to universities, academic medical centers, and research institutions. It also creates specific implementation risk for institutions that employ scientific talent from abroad — a population critical to American research productivity and one the United States actively competes with other nations to attract. If the objective is to ensure lawful employment of federally funded research personnel, existing institutional compliance frameworks already provide that assurance without the operational cost of universal E-Verify enrollment at the award level.

For nonprofit medical societies and scientific publishers that translate federally funded research into physician education and clinical practice, expanded compliance obligations mean fewer resources for the work that connects discovery to patient care. The result is lower productivity from federally funded science — not because the research is less valuable, but because more of its value is absorbed by administrative overhead before it reaches patients.

### **Scientific Communication is Essential to Patient Care**

**[200.421; 200.461]**



Peer-reviewed medical journals are the infrastructure through which federally funded research is validated, disseminated, and translated into clinical practice. Physicians rely on that infrastructure to determine which therapies to prescribe. Investigators rely on it to build on prior work rather than duplicate it. Patients rely on it through the clinical decisions their physicians make.

MMS and the NEJM Group have a disclosed institutional interest in how the provisions governing publication costs are resolved. The concern we raise here, however, is not publisher revenue. It is about whether federally funded discoveries reach the clinicians and patients whose care depends on them. Treating subscription costs and article processing charges as unallowable would restrict investigators' access to peer-reviewed literature in their fields and limit their ability to publish findings in the venues clinicians use. The consequence is reduced research productivity, slower movement of evidence into care, and a weaker ability for American physicians to practice medicine consistent with current evidence. These provisions also stand in tension with longstanding Office of Science and Technology Policy guidance identifying broad public access to federally funded research as a core objective of federal science policy — a position the current Administration has not disavowed.

### **Weakening the Nation's Research Competitiveness**

**[200.202; 200.205; 200.220; 200.340]**

Federally funded biomedical research is one of the highest-return investments the United States government makes. It sustains university and academic medical center infrastructure in regions from Boston to the Research Triangle to San Diego, provides the foundational science behind U.S. biotechnology and pharmaceutical pipelines, supports hundreds of thousands of high-skilled American jobs, and attracts the world's best scientific talent to American laboratories. Since January 2025, the uncertainty created by changes to the federal research ecosystem has already prompted some researchers to reconsider where they [build their careers](#). The added instability presented by the proposed rule risks accelerating the loss of scientific talent to other countries that are making sustained investments in research. A knowledge migration of this magnitude weakens American innovation and reduces future health and economic benefits of this research for the U.S.

That leadership is contested. The People's Republic of China and other competitors are making sustained state-directed investments in biomedical research, biotechnology, and translational infrastructure in areas such as gene therapy, mRNA platforms, artificial intelligence in medicine, and pandemic preparedness precisely because they understand what U.S. leadership in these fields is worth. Preserving U.S. leadership requires a federal research system that is rigorous, predictable, and globally connected. MMS recognizes legitimate national security concerns involving certain foreign entities and the need to protect research integrity, intellectual property, and sensitive technologies. But Section 200.220 sweeps too broadly. Particularly when combined



with Section 200.202(e)'s domestic-first framework for research awards, it places international collaboration — standard practice across many scientific disciplines — at a structural disadvantage, and, in important areas, would effectively prohibit it. Partnerships across fields ranging from astrophysics to genomics and epidemiology have been foundational to American scientific leadership. OMB should rely on targeted risk management directed at specific entities, technologies, and circumstances, not a categorical presumption against collaboration.

### **Conclusion**

Federally funded medical research is how the United States has produced many of the treatments, cures, and clinical advances that define modern medicine. The decisions embedded in this proposed rule about who conducts that research, what questions it asks, how it is reviewed, where its findings are published, and why it is funded will determine whether the American research system continues to lead or cedes ground to competitors seeking to displace it.

The American research system is not an obstacle to responsible stewardship of federal research investment. It is the mechanism that produced treatments for diseases that were untreatable within living memory. MMS urges the Administration to preserve the features that made that record possible: independent expert peer review at the individual-award level, sustained funding horizons that allow discovery to mature, targeted rather than categorical treatment of legitimate concerns about foreign collaboration and applicant integrity, and continued support for the dissemination infrastructure through which federally funded science reaches patients and practitioners. For these reasons, MMS opposes the proposed rule as drafted and urges OMB to revise it consistent with the recommendations above.

The Massachusetts Medical Society appreciates the opportunity to provide these comments and stands ready to work with OMB, HHS, and the relevant agencies on implementation approaches that advance public health, scientific excellence, taxpayer value, and high-quality patient care. If you should have any questions or further opportunities to collaborate, please contact Casey Rojas, Federal Relations & Health Equity Director, at [crojas@mms.org](mailto:crojas@mms.org) or (781) 434-7082.

Sincerely,

Rebecca Brendel, MD, JD

President, Massachusetts Medical Society