July 13, 2026

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

RE: OMB-2026-10817 Regulation for Federal Financial Assistance

The American College of Cardiology (ACC), the American Society of Echocardiography, the American Society of Nuclear Cardiology (ASNC), the Society for Cardiovascular Angiography & Interventions (SCAI), and the Society of Cardiovascular Computed Tomography (SCCT) appreciate the opportunity to comment on the Office of Management and Budget's (OMB) efforts to improve the transparency, accountability, and efficiency of federal financial assistance programs through its proposed revisions to the Uniform Guidance.

We support the Administration's commitment to ensuring that federal investments deliver maximum value to the American public and are managed with integrity and accountability. Removal of certain redundant or archaic regulations streamlines the public's understanding of programs. Standardizing at least some processes across agencies could improve efficiency and consistency, such as posting all Federal funding opportunities on Grants.gov. However, the Societies are concerned that some proposals in the proposed rule unintentionally undermine these objectives.

We are further concerned that the proposed rule introduces meaningful risk of politicizing scientific decision making and public health investments in ways that could weaken the longstanding merit-based framework that governs federal research funding. To the extent these policies are designed to eliminate emphasis on diversity, equity, inclusion and other topics, this proposed risks mechanical overcorrection rather than simply ceasing those practices. In particular, the rule could compromise scientific integrity, hinder innovation, and divert resources in ways that run counter to the Administration's commitment to

advancing gold standard science and improving patient care. Accordingly, the ACC urges this proposed rule be withdrawn.

Several provisions in the proposed rule inadvertently undermine the Administration's commitment to advancing scientific excellence and ensuring that federal investments deliver the highest possible value to the American public. This risk is especially significant given that cardiovascular disease remains the leading cause of death in the United States and globally, making sustained, high-quality research investment essential to improving population health outcomes and reducing health care costs. Federal agencies already possess substantial authority to manage and oversee awards, and the proposed changes introduce duplicative mechanisms that could result in unnecessary micromanagement of individual grants.

Peer Review

In particular, expanding political and administrative review of discretionary awards while reducing the role of independent peer review risks shifting funding decisions away from scientific merit. Allowing administrative personnel to override expert peer review introduces the potential for arbitrary funding decisions and may conflict with the intent of Congressionally authorized programs. These changes could lead to decisions that are not consistently grounded in established scientific or programmatic criteria. For a field such as cardiology, where research investments must be carefully targeted to generate meaningful improvements in patient outcomes, a strong, expert driven peer review system is essential to ensure that limited federal resources support the most rigorous and impactful work. Cardiovascular research often involves complex clinical trials, diverse patient populations, and high-cost interventions, all of which require careful scientific evaluation to determine feasibility, relevance, and potential benefit. Without a robust peer review framework grounded in subject matter expertise, there is increased risk that funding decisions will not consistently prioritize studies with the greatest potential to improve patient care and advance clinical practice. Weakening this framework may undermine the trust of research participants who engage in federally funded studies with the expectation of scientific rigor and continuity.

Premature Termination

In addition, the proposed expansion of agency authority to terminate or modify awards "for convenience" or based on changing priorities (see §200.340) appears to be in tension with the Administration's goals of efficiency and responsible stewardship of taxpayer dollars. Medical research often requires long term, multi-year investment, including large scale clinical trials, national registries, and longitudinal studies that depend on sustained patient participation and data continuity. Cardiovascular research illustrates this challenge, but these dynamics are common across clinical research. Terminating awards midstream risks

wasting prior federal investment, disrupting ongoing studies, and delaying or preventing the translation of research into clinical practice. Such actions not only reduce the return on federal investment but may also erode trust among patients, clinicians, and institutions who commit significant time and resources to these efforts**.** These impacts extend beyond research institutions to the broader health care and public health systems that rely on stable, evidence-driven innovation to improve outcomes and manage costs. These outcomes would reduce, rather than enhance, the overall return on federal research spending.

International Limitations

The proposed restrictions on international collaboration (see §§200.220) also raise concerns with respect to the Administration's goal of maintaining United States leadership in science and innovation. Cardiovascular disease is a global challenge, and progress increasingly depends on multinational clinical trials, diverse patient populations, and cross border data sharing. Recent advances illustrate the value of these collaborations, including a large international study that leveraged datasets from Sweden, the United States, and Taiwan to identify a novel electrocardiographic biomarker for sudden cardiac death, demonstrating how cross-border data sharing can accelerate breakthroughs in cardiovascular research[1]. International collaboration has also been central to some of the most important advances in cardiovascular care, including the development and validation of transcatheter aortic valve replacement (TAVR), which transformed treatment for patients with severe aortic stenosis and helped shift care from open-heart surgery to a catheter-based approach[2]. Additionally, international participation has become a routine and important feature of major NIH-funded cardiovascular clinical trials, with substantial international enrollment contributing to the evidence base that informs U.S. clinical practice and guidelines.[3] Broad or unclear limitations on foreign collaboration could slow the pace of discovery and limit access to critical data, weakening the ability of U.S. researchers to lead large scale scientific efforts that ultimately benefit American patients. Such restrictions may also reduce the nation's ability to set global standards for healthcare and diminish U.S. competitiveness in biomedical innovation. Safeguards should be narrowly tailored to address clearly defined national security risks without restricting legitimate scientific collaboration. As written, the proposed rule risks isolating U.S. researchers and slowing the advancement of knowledge that directly impacts patient outcomes.

New Compliance Burden

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[1] Obermeyer Z, et al*.,* An ECG biomarker for sudden cardiac death discovered with deep learning. *Nature* (2026).

[2] Leon MB, et al., PARTNER Trial Investigators. Transcatheter aortic-valve implantation for aortic stenosis in patients who cannot undergo surgery. N Engl J Med. 2010 Oct 21;363(17):1597-607.

[3] Kim ES, et al., International participation in cardiovascular randomized controlled trials sponsored by the National Heart, Lung, and Blood Institute. J Am Coll Cardiol. 2011 Aug 9;58(7):671-6.

We are also concerned that expanded compliance, disclosure, and reporting requirements, including enhanced subrecipient monitoring and certification obligations proposed in the revisions to Uniform Guidance, will increase administrative burden, counter to the goal of improving program efficiency. Academic medical centers, hospitals, and physician organizations that conduct cardiovascular research already operate within complex regulatory frameworks. Prior analyses, including a National Academies report on federal research regulation, have found that increasing regulatory and reporting requirements can diminish the effectiveness of the research enterprise and reduce the return on federal investment by diverting researchers' time away from scientific work.[4] Data from federally funded investigators further indicate that researchers may spend over 40 percent of their time on administrative and compliance activities rather than on research itself.[5] Against this backdrop, additional layers of compliance are likely to require further institutional investment that could otherwise be directed toward research, clinical care, and quality improvement, particularly for large scale, multi-institutional research networks. At a system level, these added burdens shift resources away from both research and patient care, reducing the overall effectiveness and efficiency of federally funded health programs.

Publishing

The proposed limitations on allowable costs for subscriptions, publications, and dissemination activities are particularly concerning because they strike at the core mechanisms through which research produces value. Scholarly publishing should be understood not as a discretionary expense but as essential infrastructure that supports peer review, editorial oversight, data validation, long-term preservation, and broad dissemination of scientific knowledge. These systems are sustained through a combination of subscription, publication, and institutional support models that collectively ensure the integrity, accessibility, and long-term viability of scientific evidence. Restrictions on subscription cost recovery, including through indirect cost structures (see §§200.454), would significantly limit access to the existing scientific literature. Such access is not optional; it is foundational to ensure that research is informed, efficient, and non-duplicative. Limiting this access would predictably lead to inefficiencies, redundant efforts, and diminished return on federal investment.

Similarly, the apparent prohibition on recovery of article processing charges (see §200.461) would create significant barriers to publishing federally funded research, including in open access journals. Dissemination is not a downstream or optional activity; it is integral to the purpose of research funding. Federal research achieves its intended public benefit only

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[4] National Academies of Sciences, Engineering, and Medicine. *Optimizing the Nation's Investment in Academic Research: A New Regulatory Framework for the 21st Century* (2016).

[5] Rockwell S. The FDP Faculty Burden Survey. Res Manag Rev. 2009 Spring;16(2):29-44.

when findings are effectively disseminated and translated into clinical practice. In cardiology, published evidence directly informs clinical guidelines, physician education, quality improvement initiatives, and patient care decisions. Without a viable pathway to publication, research cannot fulfill its intended purpose, and its public value is substantially diminished. Policies that restrict dissemination therefore weaken, rather than improve, the return on federal research investment.

Conclusion

Taken together, the various proposals reflect a broader shift toward increased central control, reduced scientific independence, and greater administrative complexity. This shift raises significant concerns regarding the preservation of scientific integrity, the independence of funding decisions, and the ability of federally supported research to deliver meaningful public health benefit, particularly in areas such as cardiovascular disease where the burden of illness is both widespread and consequential. These changes introduce risks to the research ecosystem, where progress depends on stable funding, independent evaluation, global collaboration, and effective dissemination of findings, and may ultimately undermine the very system the rule seeks to strengthen.

We would appreciate the opportunity to collaborate with you to explore ways to best support scientific research, medical education, and public health. Given the breadth and significance of these concerns, and their implications for scientific integrity, public health, and the efficient use of federal resources, we respectfully request that this proposed rule to revise the Regulation for Federal Financial Assistance be withdrawn. A future proposed rule should solicit input from affected stakeholders at the outset of the process through town halls and other engagement opportunities to help identify practical approaches for improving federal assistance programs. Thank you for the opportunity to provide input. Please direct any questions or concerns to Amanda Stirling, Regulatory Affairs Associate, at 202-375-6553 or astirling@acc.org.

Sincerely,

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