Women First Research Coalition

July 10, 2026

Russell Vought
Director
Office of Management and Budget
Executive Office of the President
725 17th Street, NW
Washington DC 20503

Submitted electronically via regulations.gov

Re: FR Doc. 2026-10817; Regulation for Federal Financial Assistance (OMB-2026-0034)

Dear Director Vought,

On behalf of the Women First Research Coalition (WFRC), we appreciate the opportunity to provide comments on the Office of Management and Budget's (OMB) proposed regulation for Federal Financial Assistance (OMB-2026-0034). While WFRC supports the proposed rule's stated goals of strengthening transparency, accountability, and stewardship of taxpayer dollars while reducing unnecessary administrative burden, we are extremely concerned that many of the proposed changes would instead undermine these goals and the current federal grantmaking process, weakening the nation's biomedical research enterprise and public health programs. **Therefore, WFRC urges OMB to withdraw the proposed rule.**

The proposed rule weakens peer review, increases uncertainty regarding grant funding, restricts scientific communication, and allows the termination of research projects for non-scientific reasons, threatening future progress and delaying the development of new therapies for patients who urgently need them. We offer our comments on the following sections of the proposed rule:

1) [200.205] Federal agency merit review of proposals
2) [200.340] Termination and suspension & [200.342] opportunities to object, hearings, and appeals
3) [200.432] Conferences & [200.461] publication and printing costs
4) [200.220] Prohibition of using federal funds for covered foreign collaborations

WFRC is a coalition comprised of the nation's leading professional medical and research organizations specializing in women's health. Our coalition was formed to address pressing challenges in women's health research and to raise awareness among federal policymakers, Executive Branch officials and the public about the need for sustained and strengthened investment in women's health research, the prioritization of research in conditions that are specific to women or those conditions that may present differently in women than men, advance an equitable and appropriate investment in women's health research that improves the health outcomes of women, and ensure an adequate women's health research workforce.

Improving the health of all Americans depends on strong federal investment in the highest-quality public health and biomedical research programs. Even though half of the U.S. population are women, women's health, including female-specific conditions as well as conditions that disproportionately and differently impact women, have long been underinvested and overlooked. This gap has contributed to a number of negative health outcomes, including the U.S. having the highest rate of maternal mortality among all highly developed countries. It is critical that the federal government prioritize and continue to invest in the most meritorious research on conditions that commonly impact women across the lifespan.

While our comments focus mainly on the negative impact that this proposal will have on research grants funded by the National Institutes of Health (NIH), we note that this proposal will have broad implications for all financial contracts administered by the federal government, including grants that also protect the health and wellbeing of the American people.

1) **[200.205] Federal agency merit review of proposals.**

This proposal would require senior political appointees, or their designees, to review before an award is issued that the grant advances the President's policy priorities. Our concerns about this proposal are that:

a) **An additional layer of review will increase administrative burden and cause unnecessary delays.** We are concerned that this change inserts an additional layer of political review at the end of a grant cycle when the administration's priorities are already incorporated into the grantmaking process through the development of funding announcements and programs in the beginning, as well as review by the NIH Institutes and Centers (IC)'s Advisory Council following the scientific review. Requiring additional administrative review duplicates existing oversight rather than improving it, while introducing delays and more administrative burden for both the federal agencies and the grant recipients.

   Over the last year, HHS grantees have already experienced significant delays because awards increasingly require approval by political leadership after completion of the traditional review process. At NIH, grants that previously advanced through expert peer-review during study sections and Advisory Council approval now face additional departmental review. In some cases this has resulted in substantive revisions being requested after scientific review has concluded. Those revisions require applications to cycle back through agencies and applicants before returning for further review, delaying initiation of timely research, extending award timelines, and increasing administrative burden for both federal agencies and grantees. The proposal would only exacerbate the current delays that grant recipients are experiencing.

b) **It diminishes the role of fair and objective peer review that leads to the most meritorious grant awards.** At NIH, grant applications undergo rigorous scientific peer review, followed by advisory council and agency leadership review before final funding decisions are made. Currently, the process benefits from people who have devoted their professional lives to the subject area determining which proposals will have the greatest public health impact. In understudied areas of research, like women's health, there already are existing challenges to recruit peer reviewers who possess specialized subject matter expertise, without conflict of interest. Decisions involving biomedical and public health research should continue to be made by officials with the appropriate scientific and programmatic expertise rather than individuals who cannot reasonably be expected to possess subject matter knowledge across the full range of HHS grant programs and funding mechanisms.

c) **"Gold standard science" is not sufficiently defined and will lead to inconsistent award decisions across the federal government.** We recommend developing objective, clearly defined metrics that will ensure consistent funding decisions. Although NIH issued guidance in August 2025 describing characteristics of gold standard science, including transparency, reproducibility, collaboration, and clear communication of uncertainty, among others, it remains unclear how these principles would be assessed in practice or how applicants and institutions would demonstrate compliance. Without objective standards, this requirement could be interpreted inconsistently across agencies and programs, creating uncertainty for both grant recipients and federal officials while allowing subjective judgments to influence funding decisions.

The proposed review by political appointees will not improve accountability or stewardship of taxpayer dollars. Instead, they create inefficiencies and inconsistencies that delay research, increase administrative costs, and reduce the federal government's ability to respond quickly to emerging public health needs. **We therefore urge the withdrawal of this proposal and recommend preserving a grantmaking process that relies on independent scientific expertise, established peer review process, and clearly defined evaluation criteria.**

2) **[200.340] Termination and suspension, and [200.342] opportunities to object, hearings, and appeals.**

These proposed revisions would significantly expand agencies' authority to terminate or suspend federal awards whenever they are determined to no longer align with program objectives, agency priorities, or the national interest as interpreted at the time of termination. Agencies would be required to provide only a brief written notice, without any finding of noncompliance or opportunities to object. Our concerns include that:

a) **Discretionary terminations will create an unstable environment that contributes to challenges with long-term planning and reduced workforce.** The prospect that grants could be terminated at any point for non-scientific reasons creates an unstable funding environment that is fundamentally incompatible with biomedical research. Many important breakthroughs have come out of unanticipated discoveries during rigorous scientific work that allows creativity to flourish. Scientific research, like finding cures to cancer and other medical breakthroughs, often requires years of planning and sustained investment in personnel, facilities, equipment, and institutional capacity. When investigators cannot rely on awarded funding, it is difficult to recruit staff, build research infrastructure, or pursue ambitious long-term projects. This uncertainty also discourages the best and brightest early-stage investigators from entering or remaining in the scientific workforce, further exacerbating existing workforce shortages and weakening the nation's biomedical research enterprise.

b) **Agencies will no longer be required to provide opportunities for grant recipients to object even when grants are canceled by mistake.** Since the beginning of 2025, HHS has canceled at their discretion thousands of NIH research grants that they found to be misaligned with the Administration's priorities.[1] These abrupt funding cancelations and reinstatements have disrupted on-going research projects and clinical trials midstream, significantly impacting researchers, institutions, other public health organizations, and patients. Because these broad, discretionary terminations were based on word searches within existing grant awards, mistakes were often made. In one example, a grant recipient working on "Uterine Artery Embolization (UAE)" to reduce life-threatening uterine bleeding, received a notice of grant termination because during

[1] https://grant-witness.us/nih-data.html

administrative review HHS mistakenly thought that "UAE" stood for the "United Arab Emirates" and believed that this grant had an unauthorized foreign component. We are concerned that high-quality research grants that should be prioritized could still be terminated at any time without providing grantees with an appeal process to reverse the decision, even if those grants had been terminated by mistake.

For these reasons, WFRC urges OMB to preserve the established, longstanding standard that research awards may be terminated only for noncompliance or misuse of federal funds and to retain administrative appeal rights and other procedural protections for discretionary terminations and suspensions.

3) **[200.432] Conferences and [200.461] publication and printing costs.**

The proposed revisions would substantially expand the scope of unallowable costs under federal awards, significantly limiting the use of grant funding for conferences and publication-related costs. Below are our concerns:

a) **Allowing conference expenses only if they are pre-approved and incorporated into the award at the time of issuance [200.432] is impractical and increases paperwork**. Requiring conference attendance to be identified and approved at the time of award is impractical especially for multi-year grants, as future conference opportunities cannot be predicted years in advance. Disseminating research findings is a fundamental part of the scientific process that allows independent validation, important feedback which can improve research, and collaboration. Scientific meetings also provide mentorship and networking opportunities that are extremely valuable, particularly for physician scientists and PhD scientists in specialized fields like women's health research. This proposed requirement would limit opportunities to present findings, obtain feedback, establish collaborations, and remain current with scientific advances. It would also increase administrative burden for both grantees and federal agencies.

b) **Making publication and printing costs, such as article processing charges and open access fees, [200.461] unallowable significantly limits researchers in disseminating their government-supported scientific findings, decreasing transparency and accountability.** These costs are integral to conducting high-quality research, contributing the scientific literature, and ensuring that federally funded discoveries are broadly disseminated through peer-reviewed publications. As scholarly publishing has increasingly shifted toward open-access models, publication-related fees have increased and become a standard cost of disseminating federally funded research.

c) **The proposed section [200.461] is difficult to reconcile with NIH's existing Public Access Policy, which requires NIH-funded research to be made publicly available through PubMed.** We share the administration's goals to maximize the public benefit of federal research investments and promote responsible stewardship of tax dollars, but a blanket prohibition on the associated expenses would undermine scientific communication without meaningfully advancing these goals. In particular, WFRC is concerned that eliminating these allowable costs would disproportionately affect early-stage investigators and institutions with limited resources and make compliance with existing public access requirements more challenging.

WFRC urges OMB to reconsider these proposed restrictions. Rather than improving accountability, they would increase administrative complexity, hinder scientific collaboration, and reduce the timely dissemination of research supported by federal investments.

4) **[200.220] Prohibition of using federal funds for covered foreign collaborations.**

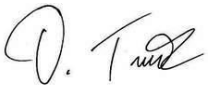
We are concerned that the proposed prohibition on using federal funds for research collaborations involving countries of particular concern, including China, could unintentionally undermine valuable international scientific partnerships. While we recognize the importance of protecting national security and ensuring appropriate oversight of foreign collaborations, a broad restriction like this may unnecessarily limit research that advances U.S. scientific and public health interests and discourage research institutions from pursuing international collaborations altogether.

International collaboration is critical to advancing women's health research and improving health outcomes for women globally. Many conditions affecting women, including cancers, pregnancy complications, infertility, and rare diseases, require large, diverse study populations and specialized expertise that no single institution or country can provide alone. Global partnerships enable researchers to study diseases with the highest burden in specific regions, assemble shared biorepositories and datasets, and conduct multicenter clinical trials that accelerate the development of new diagnostics, vaccines, and therapies. These collaborations also ensure that research findings are applicable across diverse populations, strengthening the quality and impact of scientific discoveries. For instance, successful research collaborations with foreign countries have led to the development of cervical cancer and HPV prevention methods and have transformed prevention of mother-to-child HIV transmission, antiretroviral therapy during pregnancy, as well as HIV prevention strategies for women.

Rather than requiring specific statutory authorization for every collaboration involving a country of concern, WFRC believes federal research agencies such as the NIH should retain the flexibility to evaluate proposed foreign components on a case-by-case basis using appropriate security and scientific review. This approach would preserve critical international research partnerships, strengthen oversight where it is warranted, and help ensure that our nation remains a global leader in biomedical innovation.

Due to the concerns we shared above, WFRC urges OMB to withdraw this rule and protect our nation's success, health, and well-being. Thank you for your consideration of our request. Please contact Erika Miller at emiller@dc-crd.com with any questions or if we can provide additional information.

Sincerely,



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