AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

July 10, 2026

The Honorable Russell Vought, Director
Office of Management and Budget
The White House
Washington, DC 20500

RE: Proposed Regulation for Federal Financial Assistance (OMB-2026-0034)

Dear Director Vought:

On behalf of the more than 5,000 members of the American Academy of Hospice and Palliative Medicine (AAHPM), we appreciate the opportunity to submit comments in response to the Office of Management and Regulation (OMB) proposed rule titled "Regulation for Federal Financial Assistance." AAHPM is the professional organization for physicians specializing in Hospice and Palliative Medicine (HPM). Our membership also includes hospice and palliative care scientists, nurses, social workers, spiritual care providers, pharmacists, and other health professionals deeply committed to improving quality of life for the expanding population of patients facing serious illness as well as their families and caregivers. Together, we strive to advance the field and ensure that patients across all communities and geographies have access to high-quality palliative and hospice care.

For decades, the partnership between the National Institute of Health (NIH) and academic medical centers has produced the scientific evidence that established palliative care as an evidence-based discipline and transformed the care of patients with serious illness and their caregivers. Through rigorous peer review and sustained federal investment, this partnership has generated the research that guides clinical practice, informs policy, and improves quality of life for millions of Americans. AAHPM has significant concerns that the proposed policies in the aforementioned regulation will undermine this very partnership, with serious consequences for patients and the future of palliative care research.

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OMB states that the proposed policies are intended to improve transparency, accountability, and oversight in the Federal grantmaking process. However, the proposed policies would in practice reduce transparency for grant awardees and shift additional administrative burden onto them. The proposed policies would also change the grant review process from the longstanding peer review process based on scientific merit to an undefined process that deprioritizes science.

AAHPM strongly urges OMB to not finalize the proposed rule. Instead, we urge OMB to work collaboratively with the research community to develop policies that advance transparency and accountability in federal grantmaking while protecting the scientific rigor essential to ensuring the Federal government's investments in research deliver maximum benefit to patients and the public. We provide additional feedback on specific proposals in the sections below.

Section 200.205—Federal Agency Review of Merit of Proposals

OMB proposes to establish a pre-issuance review process under which senior political appointees would review all discretionary funding awards across all phases to ensure that the awards advance the President's priorities and do not promote what the rule describes as "anti-American values." Under the proposal, peer review recommendations would be advisory only, and political appointees would be directed not to defer to them as a matter of routine. The proposed text specifically states that when conducting a pre-issuance review, senior appointees "must not ministerially ratify or routinely defer to the recommendations of others, but must instead use their independent judgment when evaluating Federal award proposals."

AAHPM has serious concerns with this provision, which represents a fundamental shift in how awards are evaluated and would allow political appointees to bypass or overrule scientific peer review. The proposal would displace scientific merit, as judged by independent experts, as the primary basis for federal research funding. Additionally, the rule introduces several undefined terms, including "anti-American values," which leave applicants and institutions without a meaningful standard by which to understand how their proposals will be evaluated. Substituting the discretion of political appointees for the assessment of the independent scientific community, along with applying undefined criteria, will significantly weaken the integrity and independence of the grant review process. AAHPM is concerned that these proposals, paired with undefined terminology elsewhere in the proposed regulation, will allow for funds to be redirected away from field-driven research priorities.

Section 200.206—Federal Agency Review of Risk Posed by Applicants

The proposed rule would also expand the list of criteria that an agency may consider when reviewing applications. This includes the ability for agencies to weigh an applicant's memberships and affiliations. Since the rule provides no definition for how these criteria would be considered, AAHPM is concerned that these provisions could be used to deny funding based on applicants' affiliations with organizations whose policy positions may not align with the Administration's priorities. Many applicants belong to large institutions that maintain countless memberships and affiliations; without a clear standard, qualified investigators could be penalized for relationships wholly unrelated to the scientific merit of their proposed work.

Section 200.340—Termination and Suspension

The proposed rule would also make significant changes to when grants could be terminated and the appeal rights of grant recipients. Under the proposal, agencies could terminate awards in whole or in part whenever termination is in the interest of the agency or pass-through entity, "including if a Federal award does not effectuate program goals, Federal agency priorities, or the national interest as they exist at the

time of the termination." Broadening the standard to whatever an agency's interest may be "at the time of termination" removes meaningful constraint and makes federal awards function more like at-will contracts than the multi-year commitments on which scientific research depends.

When patients enroll in a clinical trial, they give their time and assume some level of risk which may be related to their protected health information or to their physical or emotional well-being. Patients decide to enroll in a clinical trial for a variety of reasons, including the desire to help others who may be suffering from a similar illness, and researchers have an obligation to patients to protect them from untoward risks. Research participants also have the right to know the results of the trials to which they have contributed, and this obligation is recognized and has been made explicit in current governmental policies, including the requirement to publish results in clinicaltrials.gov. A seriously ill patient has the absolute right to expect that the risk and sacrifices they make to be part of a clinical trial will result in meaningful outcomes, whether that trial has a positive or negative outcome. To stop a trial for reasons other than emerging evidence of benefit or harm is unethical, and this proposed policy will deprive seriously ill patients the opportunity to help other people suffering from the same condition.

Additionally, under the proposed rule, agencies would only be required to provide a brief summary of why grants are terminated, and discretionary terminations would carry no required right to objection, hearing, or appeal. Only grants that were terminated based on non-compliance would be granted appeals rights.

Both of these proposals represent a significant shift that has the potential to upend medical research. Investigators and institutions plan multi-year clinical trials and longitudinal studies and rely on the stability of their awards with the goal of producing outcomes that will ultimately be beneficial to patients and the people who care for them. Permitting agencies to terminate grants at-will and based on minimal explanation and without recourse undermines that stability and discourages precisely the kind of sustained research that advances patient care.

Section 200.461—Publication and Printing Costs

Finally, the proposed rule places new restrictions on how award funds may be used, including new limits on use of funds to support publication costs. Research serves its public purpose only when results are reviewed and can be disseminated. Allowing publication costs to be included as a standard component of research funding is essential to maximizing the return on federal research dollars and to ensuring that the public can access and build on the research it has funded. Additionally, conditioning these costs on case-by-case agency approval raises concerns about politicization, delay, and added administrative burden, which could create a chilling effect that discourages inquiry, limits the dissemination of findings, and ultimately weakens scientific progress.

Conclusion

Taken together, these proposals represent a fundamental departure from the longstanding principle that scientific merit should be the primary basis for federal research funding. By weakening the integrity and independence of the scientific review process, these proposals threaten not only the broader research enterprise but also the future advancement of patient care, including palliative care. The progress our field has made in improving care for patients and families depends on a funding system grounded in scientific excellence, transparency, and academic freedom.

While AAHPM supports efforts to ensure that federal funds are administered with integrity, accountability, and proper stewardship, we remain gravely concerned that the provisions described

above will not advance these goals. We respectfully urge OMB to withdraw or substantially revise these provisions so that federal research funding remains grounded in scientific excellence, transparency, and academic freedom. Please direct questions or requests for additional information to Wendy Chill, Senior Director of Health Policy & Government Relations, at wchill@aahpm.org.

Sincerely,

Kimberly Curseen, MD, FAAHPM
President, American Academy of Hospice and Palliative Medicine