Alliance FOR AGING RESEARCH

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Comments on OMB Proposed Rule Revising Federal Grant Administration and Uniform Guidance

Docket No. OMB-2026-0034

The Alliance for Aging Research appreciates the opportunity to share our comments on the Office of Management and Budget's (OMB) proposed rule, Regulation for Federal Financial Assistance, Docket Number OMB-2026-0034. The Alliance for Aging Research is the leading nonprofit organization dedicated to changing the narrative to achieve healthy aging and equitable access to care. The Alliance strives for a culture that embraces healthy aging as a greater good and values science and investments to advance dignity, equity, and healthy aging.

This rule proposes sweeping changes across some 42 federal agencies and departments, impacting nearly every sector of our national economy in revising federal grant requirements, with the unprecedented conversion of Uniform Guidance into binding regulations. We are especially concerned about the potential negative impact of this proposal on the:

- Centers for Disease Control and Prevention's (CDC) highly effective grants to state and local public health agencies and partner organizations to track, prevent, and respond to public health emergencies;
- Food and Drug Administration (FDA) grants that advance regulatory science to ensure the safety of our medicines and food;
- Extramural grants for aging-related biomedical research, technology transfer (including Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR)) at the National Institutes of Health (NIH) and Advanced Research Projects Agency for Health (ARPA-H)
- Health Resources and Services Administration (HRSA) grants to address critical shortages in geriatric training across health professions; and
- Administration for Community Living (ACL) grants to states and local service providers that help ensure older adults and persons with disabilities may live safely and independently within their communities.

The stated objectives of this rule include increased transparency and accountability, reduced recipient burden, and ensuring gold standard science. While those are laudable goals, federal grantees already must comply with rigorous accountability and transparency standards. Federal agencies already have sufficient tools to set research priorities through issuance of Notice of Funding Opportunities (NOFOs) that are grounded in sound scientific review. The many layers of additional complexity, uncertainty, and liability proposed would mean substantially increased grantee burdens, decreased transparency and certainty for grantees, and the undermining of the integrity of federally funded science. Implementation of this regulation as proposed would thereby increase risk for private sector investors, stifle American innovation, cede our nation's leadership as an exporter of research and

technology to global competitors such as the Peoples Republic of China, and disadvantage patients whose best hope for cures or improved treatment options lies in the hands of medical science.

First, Do No Harm

For most of this past century the current agency-administered, science-driven framework for federal public health grants, supported by expert advisory panels, peer review, and published findings has fueled innovations that are unprecedented in human history. This work, combined with federal support and collaboration across state and local public health agencies, created a highly effective early warning system that ensures a rapid response to emergent strains of infectious illness.

Ensuring this work is not, for any reason, disrupted is particularly critical for our oldest, youngest and otherwise immune compromised citizens with respect to the federal, state and local public private partnership that ensures the monitoring of and rapid response to emergent strains of influenza. Past science driven successes of the current grants model include the eradication or near eradication of once common deadly infectious diseases in the United States including polio, cholera, smallpox, tuberculosis and measles. Most recently, during the COVID-19 pandemic, the Trump Administration's Operation Warp Speed achieved rapid development and authorization of safe and effective vaccines that saved millions of lives, averted hundreds of billions of dollars in direct medical costs and reopened the global economy. Equally important is our global collaboration to ensure identification, monitoring and control of infectious diseases abroad such as Ebola and Zika before they become established within our borders.

A broad range of public health threats require sustained research, training, and community engagement. The proposed restrictions on grant programs funded through the CDC, Substance Abuse and Mental Health Services Administration (SAMSHA) and other Department of Health and Human Services (HHS) Agencies that reduce flexibility, add new administrative workloads, and impede collaboration threaten our nation's readiness and resilience.

Science driven, peer reviewed research at the NIH and ARPA-H, including the mapping of the human genome and emerging cell and gene therapies, serves as the incubator for revolutionary advancements in treatments for chronic diseases. Improved diagnostics and targeted medicines for HIV, cancer and heart disease, and dramatic improvements in surgical techniques have led to vastly improved patient outcomes and recovery times. Federal support for longitudinal studies has revolutionized our understanding of the aging process down to the cellular and genetic levels and at all stages of life. As a result of decades of federal investment in the collaborative work of the National Institute on Aging (NIA) and the National institute of Neurological Disorders and Stroke (NINDS) we now have FDA approved diagnostics for Alzheimer's Disease and a new class of FDA approved drugs that can slow the progress of the disease if administered timely.

These are but a few among countless examples of discoveries made possible through federally supported research grants that bring hope to patients who suffer deadly serious or currently incurable chronic illnesses. The risk posed to millions of patients and their families by this sweeping transformation of an extramural grants program that has dramatically improved the quality of life for so many Americans is far too great.

Increased Grantee Administrative Burden, Arbitrary Uncertainty, and Diminished Peer Review

We support reduced burdens and increased efficiency in the grantmaking process; however, the proposed rule instead loads on a host of new compliance, reporting, and oversight requirements with potentially severe penalties for errors that would present a major distraction from the research itself. The compliance requirements for federal grantees at NIH and across HHS are already significant as are the rules for non-compliance.

In addition, every research project is unique as is every subject of that research. Broad, vague, political, and opinionated prohibitions on generally valid research considerations such as diversity and inclusion, and stated preferences to prioritize those programs with lower indirect costs are not only biased but also offer no mechanism to consider the reasons for those variances based on sound science and programmatic needs. Aging affects everyone, but it does not impact everyone equally. Evidence of disparities across diseases and access to care between demographic groups is well established, and only through intentional research in these populations will we understand how to best address these inequities and improve outcomes.

We are especially concerned that the role of critical peer review in grant approval would be diminished by the new rules and instead supplanted by political litmus tests for which no transparent criteria for grant approval or denial is offered. The proposed regulation fails to specify criteria that would ensure that non-career appointees authorized to conduct the final grant approvals or denials have the relevant scientific credentials specific to those grants. This is a significant departure from ensuring funding for "gold standard" science through tested and widely accepted evidence, including strong deference to peer review, which would severely undermine the integrity of federally funded research and trust in its outcomes.

The proposed expanded authority for arbitrary termination of grants in process by political appointees also poses grave consequences for patients in the middle of clinical trials, for those private sources who risk major investments, and for the scientific integrity of the work and reputations of the scientists involved. Altogether, this uncertainty fails to ensure gold standard science, wastes considerable precious resources, and constrains long-range planning and retention of essential staff. We strongly oppose these provisions.

Restrictions on Scientific Collaboration

The proposed regulation would impose new restrictions on certain allowable costs which include conference participation and publication-related expenses, as well as new limits on international collaboration. The proposed regulation would prohibit the use of funds for entities or countries designated as foreign adversaries or subject to national security restrictions and further restricts the eligibility framework for awards involving international components, personnel, institutions or any research related work conducted outside the United States. However, the regulation fails to clearly define these terms or explain how new restrictions would be operationalized, thus further injecting considerable disincentives to global collaboration and access to discoveries outside our borders. We do our nation a deep disservice when the results of taxpayer funded research are not shared broadly with the public as well as within the scientific community, so those efforts may be improved or expanded upon. Illness, including infectious disease, neither favors any nation nor recognizes international boundaries.

Negative Impacts on Our National Economy and Ceding Global Competition

Again, our federal investments in science represent massive infusion into the economies of every state and US territory. Breakthrough technologies fueled by federal public-private partnerships through grantmaking have spawned entire new industries and spin-off discoveries. According to a recent report by United for Medical Research, our investment in NIH alone yields $2.57 in return for every $1 invested. In FY 2025, NIH awards across all 50 states created over 390,000 jobs and over $94 billion in economic activity. Any major change to the system that has performed so well over the last 50 years deserves far more careful consideration than is provided for in this proposed regulation.

A new study from the American Association for the Advancement of Science shows that the United States has now lost its global leadership in research and innovation, primarily to the People's Republic of China, across all metrics. In aging and longevity research alone, the Chinese Government has far surpassed U.S. investments and is making significant strides in this field. If this trend continues U.S. businesses and institutions that rely on federally funded

research may lose access to global knowledge networks, slowing innovation and export potential. Multinational consortia addressing cancer or infectious diseases could be disrupted, reducing U.S. access to shared data, infrastructure, and discoveries.

Conclusion

For all the reasons stated above we oppose this regulation as it strikes the very core of scientific method and scientific integrity. The proposal contains too many highly problematic provisions that would undermine our global leadership in scientific discovery and technology transfer. It would weaken our readiness for the next pandemic; threaten significant economic benefits to both rural and urban communities across the nation; and imperil innovation in treatments and cures for chronic and rare diseases at a time when biomedical research is on the cusp of historic breakthroughs. Thus, we share our grave concern that these broad, complex, and controversial changes are proposed as an interim final rule with a mere 45-day comment period and a proposed implementation date of October 1 of this year.

We strongly urge this regulation be withdrawn and ask the administration to engage more deeply with Congress and the American public on the best way forward to improve the federal grants process. Toward that goal, the Alliance for Aging research stands ready to work with you.

Sincerely,

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