July 13, 2026

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

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

Dear Director Vought:

On behalf of the over 93,000 members of the American College of Surgeons (ACS), we appreciate the opportunity to submit comments to the Office of Management and Budget Budget's (OMB) Notice of Proposed Rulemaking concerning the Uniform Guidance governing Federal grants published in the *Federal Register* on May 29, 2026.

The ACS is a scientific and educational association of surgeons founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. Surgical research is central to that mission. ACS members who are surgeon-scientists conduct and depend on Federally-funded research to develop new treatments, evaluate surgical techniques, and generate the evidence base that guides clinical practice and improves patient outcomes. We therefore have a significant stake in ensuring that the Federal grantmaking framework supports rigorous, independent scientific inquiry. The provisions proposed in this rule would undermine that framework in ways that would harm surgical research, delay advances in patient care, and weaken the integrity of the Federal research enterprise for decades.

ACS recommends that the OMB withdraw the provisions of the proposed rule that would require that program design align with current administration policies and priorities, require pre-issuance review that authorizes senior political appointees to override expert peer review, expand agency authority to terminate active awards without cause, impose blanket restrictions on international research collaboration, and restrict conference attendance as a standard allowable cost. As detailed in the comments below, these provisions would harm surgical research, disrupt long-term research, and ultimately reduce the return on the federal investment in science.

The ACS has two overarching concerns with the proposals in this rule. First, replacing expert judgment with political discretion is scientifically unsound and a poor use of taxpayer dollars. Second, science operates on timelines that cannot absorb politically driven disruption.

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Replacing expert judgment with political discretion is both scientifically unsound and a poor use of taxpayer dollars.

Federal research grants are not policy tools. Rather, they are investments in the production of knowledge that is reliable, reproducible, and built on a foundation of demonstrated scientific merit. That foundation relies on peer review, which are evaluations conducted by scientists with training and domain expertise to assess whether a proposal is methodologically sound, scientifically important, and likely to produce useful results. The proposed rule requires political appointees without subject-matter qualifications to conduct pre-issuance reviews, override peer review findings, and apply undefined standards like "Gold Standard Science" and "administration priorities." Additionally, political appointees would be required to take peer review as advisory only and would be prohibited from "ministerially ratify[ing] or routinely defer[ring] to the recommendations of others." When funding decisions are made by non-experts applying non-scientific criteria, the result is science selected for political compatibility with the administration at that time, rather than merit. That is not a sound stewardship of Federal research dollars, and it exposes taxpayers to the risk of funding that does not produce the medical advances, public health improvements, or economic returns that justify the Federal investment in research.

Science operates on timelines that cannot absorb politically driven disruption.

The lifecycle of a research program from hypothesis, to funding, to data collection, to validated findings, can span years or decades, and can cross multiple administrations and funding cycles. The infrastructure that sustains that work, including trained research teams, enrolled patient cohorts, longitudinal data series, and institutional partnerships, is built incrementally and cannot easily be reestablished once disrupted. Proposed provisions throughout this rule, including the expansion of discretionary termination authority, the conditioning of program design on current administration priorities, and restrictions on conference attendance and international collaboration, would introduce instability at every stage of that lifecycle. Not only does this risk reducing the likelihood that research reaches completion, it also poses a significant risk to taxpayer dollars, since most clinical trials cannot simply be stopped and restarted administration priorities shift.

The consequences would extend beyond individual studies. Disruptions to long-term research undermine the pipeline of early-career investigators who train within established research programs and go on to build independent programs of their own. When funding is cut, junior researchers lose mentorship, training opportunities, and the protected time needed to develop the skills and preliminary data required to compete for independent funding. These policies would permanently contract the scientific workforce and could trigger the loss of a generation of researchers whose contributions cannot be recovered.

Breakthroughs in medical research require expert oversight and stable funding.

The returns on merit-based Federal research investment are concrete and consequential. Federal funding supports life-changing research that would likely not be possible with private funding alone. Funding from the National Cancer Institute supported initial studies on drug candidates targeting the mutation responsible for nearly half of all pancreatic cancer cases, which later formed the basis for trials of daraxonrasib, which significantly improved both overall and progression-free survival compared to standard chemotherapy treatments among patients in

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whom prior treatments have not been successful.[1,2] As another example, Extracorporeal membrane oxygenation (ECMO), has saved countless lives since its initial trials in 1982.[3] Recent research, funded by the National Heart, Lung, and Blood Institute (NHLBI), has expanded upon these early studies to demonstrate that ECMO-facilitated resuscitation in patients who present with out-of-hospital cardiac arrest and refractory ventricular fibrillation significantly improves survival to discharge compared to standard advanced cardiac life support treatment.[4] Both daroxonrasib and the recent ECMO trial represent significant breakthroughs for individuals with chronic health conditions that have not responded to prior treatments. Funding from the National Institutes of Health (NIH) has allowed the United States to remain at the forefront of scientific knowledge and individuals to survive long past their life expectancy under current treatments. These breakthroughs were the product of expert-driven, long-term investment in scientific merit. Policies that subordinate that process to base funding decisions based on shifting administration priorities put future breakthroughs like these at risk.

In addition to these overarching concerns, we provide comments specific provisions of the proposed rule in the sections that follow.

PROGRAM PLANNING AND DESIGN

§ 200.202(a) - Requiring program design to align with administration priorities

Existing regulations require agencies to design Federal programs with "clear goals and objectives that provide meaningful results," that are "consistent with the Federal authorizing legislation," and that "measure performance based on the goals and objectives developed during program planning and design."[5] OMB proposes changes to those standards. The rule states that a Federal program must be designed with clear goals and objectives that:

(1) Aim to achieve meaningful results;
(2) Are consistent with the public purpose of the program as authorized by law; and
(3) Align with administration policies and priorities

First, OMB would replace the requirement that agencies design Federal programs that are "consistent with the Federal authorizing legislation" with a broader requirement that goals be consistent with the "public purpose of the program as authorized by law." The current standard appropriately anchors the program design in the relevant statute. Replacing that standard with the broader concept of "public purpose" introduces interpretive flexibility that could allow agencies to characterize a statute's purpose more broadly than Congress intended.

Second, the proposal would add a new requirement that agencies design programs to "align with current administration policies and priorities." We are concerned that this proposal may require agencies, including science programs, to structure grants around administration priorities rather than scientific need. As noted above,

[1] Zhen Q, Zhang Z, Guiley KZ, Shokat KM. Strain-release alkylation of Asp12 enables mutant selective targeting of K-Ras-G12D. *Nat Chem Biol.* 2024;20:1114-1122.
[2] O'Reilly EM, Wainberg ZA, Hendifar AE, et al. Daraxonrasib or Chemotherapy in Previously Treated Metastatic Pancreatic Cancer. *N Engl J Med.* 2026.
[3] Andrews AF, Toomasian J, Oram A, Bartlett RH. Total Respiratory Support with Vevovenous (VV) ECMO. *Trans Am Soc Artif Intern Organs*. 1982;28:350-353.
[4] Yannopoulos D, Bartos J, Raveendran G, et al. Advanced Reperfusion Strategies for Patients with Out-of-Hospital Cardiac Arrest and Refractory Ventricular FibrillTion (ARREST): A Phase 2, Single Centre, Open-label, Randomised Controlled Trial. *Lancet.* 2020;396(10265):1807-1816.
[5] Program Planning and Design. 2 CFR 200.202 (2025).

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this risks subordinating merit-based, peer-reviewed funding processes to political considerations, undermining the scientific integrity that these review processes are designed to protect.

This requirement also introduces significant instability into the grant funding landscape. Research often unfolds over multi-year timelines that span multiple administrations. Tying program design to "current" priorities creates uncertainty for researchers making career and institutional investment decisions and risks disrupting ongoing research when priorities shift. It could also have a chilling effect, discouraging researchers from pursuing scientifically important but politically disfavored areas of inquiry out of concern that their work will fall outside whatever priorities happen to be in effect at the time of application or renewal. Finally, the rule does not define "administration policies and priorities," leaving agencies considerable discretion in how they apply this standard.

OMB should withdraw the proposed requirement that program design align with current administration policies and priorities. In its place, OMB should strengthen requirements around evidence, evaluation, and performance measurement as the basis for assessing whether new programs are well-designed.

FEDERAL AGENCY REVIEW OF MERIT OF PROPOSALS

§ 200.205 - REQUIRING POLITICAL-APPOINTEE REVIEW OF DISCRETIONARY AWARD DECISIONS

This section establishes a mandatory pre-issuance review process by senior political appointees, who will apply specific principles when evaluating awards. Some of the principles include requiring that discretionary awards "demonstrably advance the President's policy priorities;" discretionary awards cannot be used to "promote anti-American values;" and awards should "reach a wider variety of recipients, rather than a select group of repeat recipients." This proposal also establishes a "Gold Standard Science" requirement, conditioning grant eligibility on applicants' commitment to, and compliance with, this standard. Agencies are further directed to prioritize an institution's commitment to "Gold Standard Science" over its reputation or prestige in making award decisions. This policy also eliminates the de facto binding nature of peer review, a process on which most scientific agencies have historically relied as the primary measure of scientific merit.

Political appointees often lack the technical expertise to evaluate scientific merit

The proposed rule establishes no qualification requirements for the designated political appointee, yet expressly gives that person authority to override expert peer review. This is concerning because evaluating whether a proposal is likely to achieve its objective and produce useful knowledge requires familiarity with the relevant scientific field, the existing evidence base, and the methodological demands of the proposed research design. Peer review exists precisely because this kind of evaluation requires subject-matter expertise. Even within the scientific community, only reviewers with relevant training and experience are considered qualified to assess grant proposals, which is why agencies rely on structured, multi-layered review processes rather than individual judgment. The NIH, for example, uses two layers of expert review: an initial peer review by a study section of scientists in the relevant field, followed by review by a National Advisory Council, to ensure funded research is both scientifically sound and aligned with the agency's mission. Allowing a single political appointee, without subject-matter expertise or accountability to this structured process, to override those determinations risks funding decisions untethered from scientific merit and, ultimately, represents a poor use of taxpayer dollars.

Mixing politics and science introduces instability from one administration to the next

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Requiring senior appointees, during pre-issuance review, to consider whether discretionary awards "demonstrably advance the President's policy priorities," and to deny grants that "promote anti-American values," would introduce instability and a lack of clarity into the discretionary award process. These conditions are undefined and open to subjective interpretation. They would also allow senior appointees to reject otherwise meritorious applications based on whether they advance the agenda of the current administration, rather than on scientific merit.

That standard is poorly suited to Federal grantmaking. Presidential priorities often reflect the time horizon of a single administration and the political pressure to produce visible, easily attributable results. Yet many of the most impactful Federally-supported programs, services, and research efforts operate on timelines that extend far beyond a single election cycle.

Compounding this, political appointees can turn over rapidly, sometimes multiple times within a single administration or even a single grant cycle, which could reset the standards and priorities governing pre-issuance review with little warning.

Historically, science has been insulated from political influence, and it should continue to be. Consider a research project with a 20-year timeline: over that period, the pendulum could swing across five different administrations, each potentially applying different, undefined political standards to the same ongoing work. Science should be evaluated by expert scientists, not by non-experts whose priorities can shift drastically from one administration to the next.

The "Gold Standard Science" requirement compounds these problems

The rule's "Gold Standard Science" requirement raises two additional concerns. First, the absence of a regulatory definition for "Gold Standard Science" could allow the administration broad discretion in selecting institutions, potentially on the basis of political alignment rather than scientific rigor, and what is deemed to be “Gold Standard Science” could change from one administration to the next. While the term is not defined in the proposed rule itself, it is outlined in Executive Order 14303, which describes science that is reproducible, transparent, communicative of error and uncertainty, collaborative and interdisciplinary, skeptical of its own findings and assumptions, structured to test falsifiable hypotheses, subject to unbiased peer review, accepting of negative results as meaningful outcomes, and free from conflicts of interest.
Second, as discussed above, political appointees often lack the scientific and methodological expertise to make this determination even where the term is defined. Assessing reproducibility, evaluating whether a hypothesis is properly falsifiable, or determining whether peer review was unbiased are technical judgments, not political ones. Without that expertise built into the review process, "Gold Standard Science" risks becoming just as unstable and unevenly applied as the "policy priorities" standard discussed above, subject less to consistent scientific standards than to the judgment of whoever happens to hold the appointee role at a given time.

Redirecting funding away from a select group of repeat recipients can disrupt long-term research and diminish the pipeline of future researchers

The requirement that awards "reach a wider variety of recipients, rather than a select group of repeat recipients" introduces a further source of instability into long-term research. Significant breakthroughs in health research are most often the result of years, if not decades, of work and Federal funding. The Framingham Heart Study, for example, under the direction of the National Heart, Lung, and Blood Institute (NHLBI), examined its first

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participant in 1948, though it now spans 3 generations, 6 cohorts, and more than 15,000 participants.[6,7] Combined, the study's efforts have led to revolutionary advances in scientists' understanding of cardiovascular health, from the role of cigarette smoking in heart disease risk to the role of hypertension in stroke risk.[8] Today, the study continues to drive advances in wellness more broadly, including the use of natural language processing techniques to predict progression to Alzheimer's Disease up to six years in advance.[9] Likewise, the recent successes in xenotransplantation, which may revolutionize transplant care, are the result of more than 20 years of National Institute of Allergy and Infectious Diseases funding that has progressed from progenitor cell transplantation to full inter-species kidney transplantation.[10,11,12]

Longitudinal research builds upon itself, and interruptions in funding driven by shifting political priorities threaten not only the viability of current research but the future research that depends on it. Federal funding should not be diverted from repeat recipients purely on principle in pursuit of recipient diversity. Doing so could pause research that has taken years to develop and could also disrupt the ability of junior researchers to train under more experienced investigators, a pipeline that itself depends on stable, long-term funding. If OMB's goal is to reach a wider range of recipients, continuing to fund larger, established studies is one effective way to do so: junior researchers trained within those programs go on to establish independent research programs of their own, extending the reach of Federal funding without destabilizing the studies that trained them.

OMB should withdraw the proposed pre-issuance review process that authorizes senior political appointees to override expert peer review based on undefined political standards, including whether awards advance current administration priorities or promote "Gold Standard Science." Instead, OMB should preserve merit-based, expert peer review as the primary basis for funding decisions, ensure that any scientific standards are clearly defined and applied by qualified subject-matter experts, and avoid policies that undermine long-term research by discouraging continued support for successful, scientifically meritorious research programs solely to diversify award recipients.

PROHIBITION OF USING FEDERAL FUNDS FOR COVERED FOREIGN COLLABORATIONS

§ 200.220 - PROHIBITING FEDERAL GRANT FUNDS FROM SUPPORTING COVERED FOREIGN COLLABORATIONS

This provision would bar recipients and subrecipients from using Federal funds for any bilateral or multilateral collaboration with a covered foreign country or entity, unless expressly authorized by statute or approved by the

[6] Mahmood SS, Levy D, Vasan RS, Wang TJ. The Framingham Heart Study and the Epidemiology of Cardiovascular Diseases: A Historical Perspective. *Lancet.* 2013;383(9921):999-1008.
[7] Framingham Heart Study. About the Framingham Heart Study. Accessed July 2, 2026. https://www.framinghamheartstudy.org/fhs-about/
[8] National Heart, Lung, and Blood Institute. Framingham Heart Study. Accessed July 2, 2026. https://www.nhlbi.nih.gov/science/framingham-heart-study-fhs
[9] Amini S, Hao B, Yang J, et al. Prediction of Alzheimer's Disease Progression Within 6 Years Using Speech: A Novel Approach Leveraging Language Models. *Alzheimers Dement.* 2024.
[10] Chase B. World's First Genetically-Edited Pig Kidney Transplant into Living Recipient Performed at a Massachusetts General Hospital. March 21, 2024. Accessed July 2, 2026. https://www.massgeneral.org/news/press-release/worlds-first-genetically-edited-pig-kidney-transplant-into-living-recipient.
[11] Alawyn IP, Buhler L, Appel JZ, et al. Mechanisms of Thrombotic Microangiopathy Following Xenogeneic Hematopoietic Progenitor Cell Transplantation. *Transplantation.* 2001;71(11):1601-1609.
[12] Fujiwara S, Gunes ME, Hajosi D, et al. Renal Arterial Resistive Index Identifies Thrombotic Microangiopathy After Kidney Xenotransplantation in Pig-to-Baboon Model. *Xenotransplantation.* 2026;33(3):e70138.

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agency on a case-by-case basis. Critically, no finding would be required that a specific collaboration involves sensitive information, controlled technology, protected data, or any other identifiable Federal interest.

Medical and public health research frequently depends on international data, patient populations, biological samples, surveillance systems, and specialized expertise that simply do not exist in the United States. Moreover, international collaboration accelerates scientific progress on two fronts. The United States maintains stringent regulatory and oversight requirements for research that many other countries do not; collaborating internationally allows American researchers to extend the reach of U.S.-standard rigor while advancing more quickly than would be possible working in isolation. International research also enables investigators to study variables that cannot be captured within the United States alone, including distinct patient populations, genetic diversity, environmental exposures, and disease patterns, that are essential to producing findings that are generalizable and clinically meaningful

A blanket prohibition untethered from actual security risk would disrupt longstanding partnerships essential to biomedical research and global health preparedness. The ACS urges a risk-based approach that preserves safeguards for collaborations involving genuinely sensitive information while allowing agencies to support scientifically-necessary international work that advances both American research leadership and public health.

OMB should replace the proposed blanket prohibition on collaborations with covered foreign countries or entities with a risk-based framework that targets collaborations posing genuine national security or other identifiable Federal risks. Any restrictions should be narrowly tailored to sensitive information, controlled technology, or protected data, while preserving agencies' ability to support scientifically necessary international collaborations that advance biomedical research, public health, and U.S. scientific leadership.

STATUTORY AND NATIONAL POLICY REQUIREMENTS

§ 200.300 - USING TOPIC-BASED RESTRICTIONS TO OVERRIDE MERIT-BASED AWARD SELECTION AND ADMINISTRATION

These proposals would impose sweeping content-based restrictions across the full Federal grants lifecycle. Section 200.205(b)(2) would require political appointees to consider whether a proposal would fund, promote, encourage, subsidize, or facilitate specified prohibited categories: racial preferences, denial of the sex binary, illegal immigration, initiatives that compromise public safety, or "anti-American values." Section 200.300(b) extends those restrictions downstream, requiring agencies and pass-through entities to prohibit all federal funding related to diversity, equity, and inclusion. This restriction would undermine surgical research by limiting investigators' ability to study the patient, community, and health system factors that influence access to timely, high-quality surgical care and postoperative outcomes. Demographic and geographic variables, including whether a patient lives in a rural or medically underserved community, has adequate insurance coverage, or faces barriers to accessing specialty surgical services, are essential for understanding disparities in surgical access, treatment, and outcomes. These factors help identify where workforce shortages, travel burdens, and resource limitations contribute to delayed care and poorer outcomes. Prohibiting federally funded research from examining these variables would weaken the evidence base needed to improve surgical care delivery, reduce avoidable disparities, and ensure that patients, regardless of location, have access to safe, effective, and timely surgical care.

Further, beyond the compliance burden, these content-based restrictions would foreclose scientifically necessary lines of inquiry. Many questions central to patient care involve differential impact and how disease incidence,

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presentation, diagnosis, treatment response, and access to care vary across patient populations based on a range of demographic, biological, and social factors. Those questions cannot be answered without pursuing the relevant research, and restricting entire topic areas by regulation would leave clinicians without the evidence needed to care for the actual patients in front of them.

Also under this proposal, a university or research institution could face termination of a Federal award if it conducts activity in any of these prohibited categories, even where that activity is funded entirely by separate, non-Federal sources and has no connection to the Federally-funded project. Federally-funded awards should not be subject to termination based on an institution's separately funded, non-Federal activities.

We recommend that OMB withdraw provision 200.300(b). Federal awards should not be subject to denial or termination based on unrelated institutional programs or policies that have no nexus to the Federally-funded project, as doing so would unnecessarily expand Federal oversight beyond the scope of the award and create significant uncertainty for grant recipients.

TERMINATION AND SUSPENSION, NOTIFICATION OF TERMINATION REQUIREMENTS

§ 200.340 - EXPANDING DISCRETIONARY TERMINATION AUTHORITY AND CREATING STOP-WORK AUTHORITY

This proposal expands the agency's authority to terminate grants, including mid-performance. Of particular concern is the proposed rule's use of language conditioning continuation on whether a grant effectuates the "national interest" as defined "at the time of termination." This could allow an administration to cancel grants without cause as its priorities shift.

Current regulations permit grant termination for noncompliance, by mutual agreement, at the recipient's request, or where an award no longer effectuates program goals, but only where that authority was disclosed in the award's original terms and conditions. This proposal removes that safeguard entirely. Under the proposed rule, an agency could terminate any award whenever it determines doing so serves the agency's interest, including when a grant no longer advances program goals, agency priorities, or the national interest as defined at the moment of termination.

The proposal also strips the procedural protections that have allowed recipients to contest wrongful terminations. Agencies would no longer be required to demonstrate noncompliance or fraud; a brief summary of why termination serves the Federal interest would suffice. Except in noncompliance cases, recipients would have no right to raise objections, request hearings, or appeal termination decisions.

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The consequences of unchecked termination authority are not hypothetical. Between late February and early April 2025, the NIH terminated 694 grants totaling $1.81 billion. Nearly a third of this funding represented work already underway but not yet completed.[13] A subsequent peer-reviewed analysis found that 383 active clinical trials lost funding, affecting more than 74,000 enrolled patients; those trials included 118 cancer studies and 140 testing new treatments.[14] Federal courts ultimately found the terminations unlawful and ordered funding restored.[15] But reinstatement could not undo the damage: enrollment had stopped, participants had withdrawn, research staff had been laid off, and data series contained gaps that could never be filled.

Research cannot be paused and resumed without permanent loss. When a clinical trial is interrupted mid-enrollment, the study is left statistically underpowered, and data already collected from every participant may no longer be sufficient to answer the question the trial was designed to address. In longitudinal studies, a missed follow-up visit cannot be recaptured. For participants receiving an active intervention, the harm can be direct: a sudden funding cutoff may interrupt access to the treatment they enrolled to receive or eliminate the monitoring needed to manage adverse effects. These disruptions breach the basic ethical obligations of human subjects research, damage the trust between patients and researchers, and undermine willingness to participate in future studies. Beyond the potential for patient harm, stopping promising research before completion represents a substantial waste of taxpayer dollars.

The ACS urges OMB withdraw this proposal and maintain the requirement that termination authority be disclosed in award terms and conditions, reinstate meaningful procedural protections for recipients, and require that termination decisions be supported by a reasoned, documented record subject to review.

COST PRINCIPLES

§ 200.432 - REQUIRING ADVANCE AGENCY APPROVAL FOR CONFERENCE ATTENDANCE COSTS

Under current rules, conference attendance related to grant activities is a standard allowable cost. This proposal would eliminate that presumption, requiring that every conference a researcher wishes to attend using grant funds be pre-approved by the agency and written into the award at the time it is issued. Conferences not anticipated at award are difficult to add later, and agencies would have full discretion to deny approval or decline to include any conference costs in award terms at all.

This requirement is poorly suited to the realities of scientific research. Grant applications are often submitted years before investigators know what they will find, when findings will be ready to share, or which meetings will be most relevant for dissemination. Conferences are where research is shared. They are the primary venues through which Federally-funded findings reach clinicians, researchers, and policymakers, and where investigators discuss results, subject them to scrutiny, form collaborations, amplify important findings, and strategize next steps in a research agenda. Restricting the ability of researchers to share and discuss their findings undermines the Federal investment in the research itself: work that cannot be disseminated cannot achieve its intended public

[13] Liu M, Kadakia KT, Patel VR, Krumholz HM. Characterization of Research Grant Terminations at the National Institutes of Health. *JAMA.* 2025;334(6):534-536.
[14] Patel VR, Liu M, Jena AB. Clinical Trials Affected by Research Grant Terminations at the National Institutes of Health. *JAMA Intern Med.* 2026;186(1):126-128.
[15] Center for Science in the Public Interest. NIH Grants Termination. Updated December 15, 2025. Accessed July 2, 2026. https://www.cspi.org/case/nih-grants-termination.

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benefit. Blocking or discouraging conference participation limits the reach of the very findings the award was intended to produce, reducing the public return on Federal investment.

The burden would fall hardest on those least able to absorb it: trainees, early-career investigators, and researchers at institutions with limited discretionary funds, who are least likely to have alternative sources of support for registration, travel, and presentation costs.

Accountability goals can be achieved through less disruptive means. The ACS recommends that applicants be permitted to budget conference attendance as a general category of anticipated costs, with a certification that funds will be used only for reasonable, allocable, award-related expenses such as registration, travel, lodging, and presentation materials. These costs would remain subject to standard agency review, documentation requirements, and audit standards, preserving oversight without imposing a prior-approval requirement that undermines the dissemination activities necessary for Federally-funded work to achieve its intended public benefit.

OMB should withdraw this proposal and instead retain conference attendance as a presumptively allowable grant expense and reject the proposed requirement that each conference be individually pre-approved and incorporated into award terms. OMB should allow recipients to budget conference participation as a general category of award-related costs, subject to existing documentation, audit, and oversight requirements, thereby preserving accountability while ensuring researchers can disseminate Federally-funded findings as scientific opportunities arise.

The ACS appreciates the opportunity to comment on these important issues, and we look forward to continuing dialogue with OMB on issues impacting surgical research. Please contact Vinita Mujumdar, Chief of Regulatory Affairs, at vmujumdar@facs.org with questions.

Sincerely,

Patricia L. Turner, MD, MBA, FACS
Executive Director and CEO

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