Docket OMB-2026-0034

July 9, 2026

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

Re: Regulation for Federal Financial Assistance, Docket OMB-2026-0034

Dear Director Vought:

We write today to provide an organizational comment on the Office and Management Budget's proposed rule [OMB-2026-0034-001], on behalf of the American Pediatric Society, the oldest pediatric society in North America, founded in 1888. Our Society currently has more than 1,500 elected members who are nationally and internationally recognized academic leaders whose work advances science, improves outcomes for children, and sets the standard for the field. Many of our members are basic, translational, or clinical researchers whose work makes a significant impact on the health and well-being of children today, and will well into the future.

We have significant concerns with the proposed rule and will focus our comments on a few troubling provisions:

[§200.340] TERMINATION AND SUSPENSION
APS feels strongly that broadening the language around termination and suspension, in particular allowing this to happen for any reason at any time, can cause significant harm to the American people. In fact, it harms the potential for significant discoveries and limits the important development of a cutting-edge premier science workforce. Researchers at our country's academic medical centers and universities need protected time, as well as the concomitant multiyear commitment required to carry projects through to completion. This best serves the American people - by ensuring that projects are not terminated prematurely, before answers to scientific questions relevant to the health of our citizens are obtained. Knowing that the funding will be available through the project's completion will allow researchers to reach, to push, to discover, and to work toward solving important and challenging scientific problems, a hallmark of the scientific community in the United States.

Additionally, it is important to note that research is not always linear, and sometimes outstanding discoveries happen when research was conducted in one area, but the results took investigators in another direction. For example, Sildenafil was initially developed to treat heart disease, but is now also used extensively in Neonatal Intensive Care Units (NICUs) to treat pulmonary hypertension, a life-threatening condition in newborns. Another example comes from studies of nutrition and metabolism in a type of lizard. Although the connection to human health at the time of these studies was not obvious, insights into an improved understanding of the basic biology of metabolism had a profound impact on the eventual development of GLP-1 antagonists such as Ozempic, WeGovy, Trulicity and others[1]. APS feels strongly that once a researcher has gone through the significant hurdles to receive funds from the American taxpayer, the commitment from the U.S. government should remain for the duration of the grant. Termination or suspension of grants during the life cycle of the grant is also irresponsible, as previously spent funds will be wasted and result in no benefit to the American people.

Finally, we contend that the decision to utilize undefined terms like "national interest" or "public interest" to determine that someone's work should be terminated could lead to significant waste and abuse. It adds to recipient burden and decreases the transparency of how Federal dollars are spent. Ultimately, it harms the American infants, children, adolescents and their families that derive benefits in their health and development from the research work performed by our membership.

[§200.205] FEDERAL AGENCY REVIEW OF MERIT OF PROPOSALS

Peer review and basing the success or failure of a grant proposal on the science, reviewed by fellow scientific experts, has been the foundation and gold standard by which we have prioritized funding for U.S. scientific discovery since just after World War II. This approach has led to life-saving and life-changing advances in child health, resulting in cures for acute lymphoblastic leukemia, extending life expectancy and quality of life for patients with cystic fibrosis, HIV and congenital heart disease, and preventing life-altering conditions such as neural tube defects and congenital infections. In fact, many of our members provide their expertise through NIH Study Sections identifying the grant proposals that can make meaningful impacts on children and adolescents. While not all these proposals have the level of impact that was intended or hoped, the work that is done can further scientific understanding and be built upon by others, hopefully leading to future important breakthroughs. We contend decisions about the quality of science should be made by scientists.

Governmental agencies and appointees play key roles in advocacy, administration, and coordination of projects, but the core principles of quality and translational impact of work should remain with peer reviewers who represent the highest standard of scientific knowledge. This fundamental principle is in the best interests in maintaining the health and well-being of Americans.

[§200.300] STATUTORY AND NATIONAL POLICY REQUIREMENTS

Some APS members work in health equity, social determinants of health and with vulnerable populations of children. Over the last year, funding for studies has been pulled, creating a chilling effect on this important research that strives to understand the health of children, adolescents and their families. These pullbacks will be felt well into the future and limit the ability for all children to thrive.

While we understand and believe there is a need to have policies against discriminatory practices and programs, we also feel that the remedy should not be to stifle investigation into the impacts of health equity and social determinants of health. Research has allowed us to understand that Black infants are more than twice as likely to die than white infants in the US[2,3,4]. In neonatology, specifically, Black infants that have worse outcomes are more likely to be cared for in lower quality hospitals[5,6]. Additionally, children in rural locations are more likely to die and experience injury than those in urban environments[7]. Stopping and pushing back on research related to health equity would damage our ability to understand these important disparities.

By saying that Federal awards and subawards are not used to fund, promote, encourage, subsidize, or facilitate *"DEI policies, principles and practices"* and "*gender ideologies*", this proposed rule eliminates all studies around these important topics that affect the health of our children and adolescents. By stifling this research, we limit the opportunity for researchers now or in the future to better understand child health. Therefore, we strongly object to this proposed rule.

CONCLUSION

We would welcome any questions or discussions you may be interested in having, and like many other organizations, hope you will reconsider this proposed rule. The many wide-ranging implications it will have on the future of our research enterprise, our country, and ultimately the health of our children and adolescents will be felt by us all.

Sincerely,
The American Pediatric Society Council

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[1] Madny MA, Murthy A. From Venom-to-Vial-to-Pill: The Translational Journey of GLP-1 Peptides and the Evolving Landscape of Biopharmaceutics Modeling. *Journal of Peptide Science*32, no. 4 (2026): e70092, *https://doi.org/10.1002/psc.70092*

[2] Saiyed NS, Bishop-Royce JC, Smart BP, Leung A, Benjamins MR. Black:white inequities in infant mortality across the 69 most populous US cities, 2018-2021. *Front Pub Health 2025 Feb 26:13:1484433. doi: 10.3389/fpubh.2025.1484433. eCollection 2025.* *https://pubmed.ncbi.nlm.nih.gov/40078778/*

[3] Jang CJ, Lee HC. A Review of Racial Disparities in Infant Mortality in the US. *Children (Basel). 2022 Feb 14;9(2):257. doi: 10.3390/children9020257*
https://pubmed.ncbi.nlm.nih.gov/35204976/
[4] Park RY, Bilinski A, Parks RM. Trends in Maternal, Fetal, and Infant Mortality in the US, 2000-2023. *JAMA Pediatrics 2025;179;(7):765-772. doi:10.1001/jamapediatrics.2025.0440*
https://jamanetwork.com/journals/jamapediatrics/fullarticle/2833316
[5] Horbar JD, Edwards EM, Greenberg LT. Racial Segregation and Inequality in the Neonatal Intensive Care Unit for Very Low-Birth-Weight and Very Preterm Infants *JAMA Pediatrics 2019;173;(5):455-461. doi:10.1001/jamapediatrics.2019.0241*
https://jamanetwork.com/journals/jamapediatrics/fullarticle/2728461
[6] Sigurdson K, Mitchell B, Liu J, Morton C, Gould JB, Lee HC, Capdarest-Arest N, Profit J. Racial/Ethnic Disparities in Neonatal Intensive Care: A Systematic Review *Pediatrics 2019 Aug;144(2):e20183114. doi: 10.1542/peds.2018-3114.*
https://pubmed.ncbi.nlm.nih.gov/31358664/
[7] Hardy RY, Boch SJ, Davenport MA, Chavez LJ, Kelleher KJ. Rural-urban differences in social and emotional protective factors and their association with child health and flourishing. *J Rural Health. 2024 Mar;40(2):314-325. doi: 10.1111/jrh.12802. Epub 2023 Oct 20. PMID: 37859615*.