July 13, 2026

Submitted electronically via Regulations.gov

The Honorable Russel Vought
Director, White House Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

RE: Regulation for Federal Financial Assistance [Docket OMB-2026-0034]

Dear Director Vought:

The undersigned organizations appreciate the opportunity to provide comments regarding the Office of Management and Budget's proposed revisions to the regulations governing Federal Financial Assistance. We represent colleges and schools of pharmacy, faculty, researchers, students, and other partners committed to advancing pharmacy education, research, workforce development, and patient care

Our organizations support the responsible stewardship of federal resources and recognize the importance of ensuring transparency, accountability, and effectiveness in federal financial assistance programs. However, several provisions of the proposed rule will create severe adverse consequences for pharmacy education, research, and workforce development. Our comments focus on provisions that may affect the ability of colleges and schools of pharmacy to educate pharmacy personnel, sustain research programs, and address critical workforce needs.

Comments Regarding § 200.340 – Termination and Suspension

The undersigned signatories are concerned that the proposed revisions to § 200.340 would significantly expand federal agency authority to suspend or terminate discretionary awards, by allowing terminations based on determinations that awards no longer "effectuate program goals, Federal agency priorities, or the national interest as they exist at the time of the termination." Colleges and schools of pharmacy frequently participate in multi-year federal programs that require significant institutional planning and investment. Federal awards support a broad range of activities, including health professions workforce development, biomedical and clinical research, faculty recruitment and retention, graduate student and postdoctoral training, experiential education partnerships, community-based health initiatives, and programs designed to improve access to care in our communities. Institutions often make

personnel, infrastructure, and programmatic commitments based upon the expectation that awarded funds will remain available throughout the approved period of performance.

Unlike many short-term projects, health professions education and workforce development programs frequently require years of sustained investment before measurable outcomes can be realized. The recruitment and training of future pharmacists, researchers, educators, and healthcare professionals occur over extended periods and depend upon stable partnerships among educational institutions, healthcare providers, community organizations, and federal agencies. The possibility of discretionary termination based on changing agency priorities or a not clearly defined "national interest" will create uncertainty that undermines the long-term planning necessary to achieve these objectives.

OMB should be aware that discretionary terminations may have consequences extending beyond the recipient's institution itself. Mid-award terminations may affect faculty and staff appointments, graduate student support, postdoctoral fellowships, residency and training partnerships, research continuity, community-based healthcare programs and ongoing clinical trials. In some instances, the loss of federal support could disrupt initiatives that directly contribute to patient care, public health preparedness, healthcare workforce development, and access to services in medically underserved areas. AACP's member institutions maintain extensive experiential education networks that rely upon long-term partnerships with healthcare systems, community pharmacies, ambulatory care practices, public health agencies, and other training sites. Funding uncertainty may affect the sustainability of these partnerships and the educational experiences and health services they support.

Long-term research training depends on long-term funding stability. The potential for award termination mid-cycle for non-scientific reasons beyond the awardee's control could significantly impair faculty mentors' ability to commit to the long-term training needs of graduate students and postdoctoral fellows, including both U.S. citizens and international trainees. This instability puts at great risk the well-developed pipeline that supplies pharmaceutical scientists to academia, regulatory agencies, and the pharmaceutical industry. This pipeline has for decades prepared pharmacists and pharmaceutical scientists who go on to work in the pharmaceutical industry, an important sector of the American economy. These pharmaceutical scientists work in drug development, infectious disease, pain and addiction medicine, epilepsy, Alzheimer's disease, contraception, cancer, diabetes, among many other areas, within academia, regulatory agencies, and industry.

We urge OMB to withdraw the proposed revisions to § 200.340 because the expanded discretionary termination authority introduces significant uncertainty into long-term education, workforce development, and research investments. Should OMB retain this authority, the

undersigned signatories recommend establishing objective standards, meaningful transition procedures, and transparent criteria governing suspension and termination decisions.

Comments Regarding § 200.341 – Notification of Termination Requirement

Clear communication between awarding agencies and recipients is essential to ensuring responsible stewardship of federal resources and facilitating an orderly transition when funding is discontinued. We are concerned that the proposed requirement for only a brief summary of the reasons supporting a termination decision will not provide recipients with sufficient information to fully understand the basis for agency action or effectively manage the resulting programmatic and financial obligations. Institutions receiving federal awards often maintain complex operational, educational, research, and community partnerships that depend upon timely and accurate information when significant funding decisions occur. In many cases, institutional leaders must make important decisions regarding personnel, contractual obligations, subawards, and program continuity within a compressed timeframe. Access to meaningful information regarding the basis for a termination decision can help recipients appropriately assess risks, implement transition plans, and ensure continued compliance with federal requirements.

Our organizations are also concerned that limited notification requirements may create challenges for institutions attempting to determine whether corrective actions, alternative funding arrangements, or program modifications may be available to minimize disruption. Greater transparency regarding the rationale for agency decisions is required between recipients and awarding agencies for efficient and effective implementation of termination actions.

Given that the proposed revisions to § 200.341 are closely linked to the expanded discretionary termination authority established under § 200.340, we urge OMB to rescind the proposed notification framework and reconsider these provisions in their entirety. Although transparency is an important component of federal grant administration, additional notification requirements do not address the underlying concern that the proposal would substantially expand agency discretion to suspend or terminate awards in ways that may undermine long-term educational, workforce development, and research investments.

Comments Regarding § 200.342 – Opportunities to Object, Hearings, and Appeals

The proposed revisions to § 200.342 would significantly limit opportunities for recipients to seek administrative review of discretionary suspension and termination actions. While our organizations recognize the need for federal agencies to exercise appropriate oversight of federal awards, opportunities for recipients to provide additional information or seek review of agency actions can and will improve decision-making and support effective stewardship of

federal resources. Premature termination of awards risks loss of already invested time and money, if the work cannot be completed and reported.

Agency decisions regarding suspension or termination may be based on evolving circumstances, incomplete information, misunderstandings regarding program implementation, or changing interpretations of programmatic requirements. Providing recipients with meaningful opportunities to communicate relevant information before or after a suspension or termination action is necessary for agencies to assess the broader consequences of their decisions and identify alternatives that preserve program objectives while addressing agency concerns.

We are also concerned that the absence of consistent review mechanisms may lead to variability in how recipients are treated across federal agencies and programs. Establishing consistent opportunities for administrative review can promote transparency and accountability while strengthening confidence in federal grantmaking processes as OMB supports.

Comments Regarding § 200.205 – Federal Agency Review of Merit of Proposals

Federal investments in education, workforce development, scientific research, and healthcare innovation should be accountable, effective, and aligned with public needs. At the same time, the undersigned signatories encourage OMB to preserve the central role of expert review, programmatic expertise and evidence-based evaluation in the assessment of discretionary funding proposals are essential to ensuring accountability, effectiveness and public purpose in federal spending.

We are concerned that reducing the role of peer-review or other expert evaluation mechanisms will create uncertainty regarding how proposals are assessed and prioritized. Expert review processes help ensure that funding decisions are informed by scientific rigor, educational quality, workforce needs, feasibility, and potential public benefit. Such evaluations have historically served as an important foundation for identifying projects most likely to achieve meaningful outcomes and advance federal program objectives. Consideration of other priorities, such as presidential policy priorities beyond those already embedded in funding opportunities, has the potential to bypass the most promising proposals and weaken the research, education, and public service outcomes of federally supported projects.

This risk is of particular concern for rare disease research, an area central to the research mission at AACP member institutions. Many rare and orphan diseases have genetic etiologies that cluster within specific racial or ethnic populations; a reviewer without scientific training, tasked with judging whether a proposal aligns with administration policies and priorities, could plausibly mistake research targeting a population-specific genetic disorder for a DEI-oriented initiative subject to political disfavor, even when the work is purely a matter of disease biology.

A related risk arises where a rare condition presents as a subset of a more common disease, such as a rare cancer subtype or a rare form of epilepsy; a non-expert reviewer could mistakenly conclude that existing NIH funding for the common disease already covers the rare subset, when in fact the subset's distinct biology and smaller patient population mean it remains unfunded without targeted support.

The proposed rule also creates risks for research addressing smaller populations and public health needs at the submission and implementation stages. At the time of submission, proposals addressing rare diseases, neglected conditions, or the health needs of small or specific population groups are inherently less likely to be interpreted as "aligned" with broad political priorities than proposals addressing more common conditions, regardless of scientific merit or public health importance.

For health professions education programs in particular, funding decisions should recognize the long-term nature of workforce development investments. Programs designed to educate future healthcare professionals, expand access to care, strengthen the research workforce, improve health outcomes, and address workforce shortages often require sustained investment and may not produce immediately measurable results. Evaluation frameworks that consider long-term workforce and public health impacts alongside near-term performance metrics can help maximize the return on federal investments.

OMB should ensure that proposal evaluation criteria reflect the quality, impact, and feasibility of proposed activities and do not unintentionally disadvantage institutions that maintain complex research, clinical training, and healthcare delivery infrastructures necessary to support federally funded programs.

Comments Regarding § 200.461 – Publication and Printing Costs

The value of federally supported research extends beyond the generation of new knowledge; it depends upon the ability of researchers, educators, healthcare professionals, policymakers, and the public to access, evaluate, and apply research findings. Peer-reviewed publications serve as a primary mechanism through which federally funded discoveries are validated, communicated, and incorporated into the scientific record. Colleges and schools of pharmacy conduct research across a broad range of disciplines, including biomedical sciences, clinical therapeutics, public health, implementation science, health services research, medication safety, healthcare delivery, and workforce development. Dissemination of these findings supports scientific advancement and informs evidence-based approaches to patient care, medication use, public health interventions, and healthcare workforce planning.

The undersigned signatories are also concerned that restricting the allowability of publication costs may create unintended barriers to research dissemination while federal agencies continue

to encourage or require public access to research findings. The ability to communicate research results through peer-reviewed publications and other scholarly channels is essential to maximizing the return on federal investments and ensuring that research outcomes are available to the scientific community and the public.

Publication systems also support important elements of research integrity and scientific quality, including peer-review, editorial oversight, transparency, long-term preservation, accessibility, and the maintenance of a trusted scientific record. These functions contribute directly to the rigor, reliability, and impact of federally supported research. For colleges and schools of pharmacy, publication serves as a critical translational function by helping move scientific discoveries, educational innovations, and practice-based research into real-world healthcare settings. Research findings published through peer-reviewed channels frequently contribute to improvements in medication safety, chronic disease management, preventive care, public health preparedness, healthcare delivery, and patient access to pharmacist-provided services.

We urge OMB to withdraw the proposed revisions that would make publication costs generally unallowable and retain the allowability of reasonable publication and dissemination costs associated with federally funded activities.

Comments Regarding § 200.206 – Federal Agency Review of Risk Posed by Applicants

Our organizations recognize the importance of appropriate risk assessment in the administration of federal financial assistance programs. Federal agencies have a responsibility to ensure that recipients possess the financial, administrative, and operational capacity necessary to effectively manage federal awards and achieve program objectives. We encourage OMB to ensure that risk evaluation criteria remain objective, transparent, and directly related to an applicant's ability to successfully administer federally supported activities.

We are concerned that certain proposed risk factors are too vague to ensure consistent implementation across federal agencies. Federal assistance recipients face uncertainty if risk assessments rely upon factors that are not clearly defined or that are subject to varying interpretations. Predictable and consistently applied risk assessment processes help ensure that qualified institutions remain able to compete for opportunities that advance these important national priorities. Attempts to comply with vague risk assessment criteria may also lead recipients to avoid lawful activities out of fear of reduced access to federal financial assistance, a damaging intrusion into their independence and protected rights.

OMB should not impose requirements that lack clear guidance regarding the application of proposed risk assessment criteria to assist applicants and awarding agencies in achieving

consistent implementation. Accordingly, OMB should withdraw the proposed risk assessment framework.

Additional Concerns Regarding Workforce Development and Research Capacity

The undersigned organizations also encourage OMB to consider the cumulative effects of §§ 200.202 (Program Planning and Design (Domestic-First Framework)), 200.220 (Covered Foreign Collaborations), and 200.461 on health professions education and research programs. While each provision addresses a distinct aspect of federal financial assistance, together they may influence the ability of institutions to develop research partnerships, advance scientific discovery, train future healthcare professionals, and disseminate research findings.

We recognize the importance of protecting national security interests, promoting research integrity, and ensuring appropriate oversight of federally supported activities. Federal agencies have a legitimate interest in safeguarding sensitive information, addressing security risks, and ensuring that federal investments advance the interests of the United States. At the same time, colleges and schools of pharmacy participate in a highly collaborative research and education environment that relies upon partnerships among academic institutions, healthcare systems, public health agencies, community organizations, professional associations, and, where appropriate, international collaborators. We are concerned that restrictions affecting international collaboration, combined with limitations on publication and dissemination activities, may have unintended consequences for scientific progress, workforce preparation, and the translation of research findings into practice. Pharmacy research partnerships contribute to the development of new therapies, improvements in patient care, public health preparedness, and innovations in healthcare delivery.

International students and postdoctoral scholars comprise a substantial component of the learners and research teams at pharmacy schools. These learners apply their training in pharmaceutical sciences within our national research workforce, contributing to the U.S. innovation economy. Moreover, it may significantly discourage prospective international students and postdoctoral trainees from pursuing education in the United States. This loss would also negatively impact students from the United States. Training alongside international students and postdoctoral scholars provides U.S. students with peer mentoring relationships through which they gain experience with and exposure to different scientific methodologies and health care practice models. These experiences broaden domestic students' perspectives and better prepare them for a research and health care workforce that is increasingly international. Limitations to the inclusion of international students and postdoctoral scholars in our programs will impair the training experience of students who are citizens of the United States, not merely reduce the number of international scientists trained within the United States.

For colleges and schools of pharmacy, federally supported research and workforce initiatives often operate as part of a continuum that includes discovery, collaboration, dissemination, implementation, and patient care. Policies that affect one stage of this process may influence the effectiveness of the entire research and workforce development ecosystem. Accordingly, we encourage OMB to carefully evaluate the combined effects of these provisions and to ensure that implementation balances appropriate oversight with the need to sustain scientific innovation.

Conclusion

Throughout these comments, we emphasized the importance of maintaining funding processes that are transparent, predictable, and informed by objective standards and subject matter expertise. Colleges and schools of pharmacy rely on federal partnerships and assistance to educate future healthcare professionals, conduct scientific research, support workforce development, advance public health initiatives, and improve patient care. Policies governing federal financial assistance should preserve the flexibility and stability necessary to sustain these activities while ensuring appropriate oversight and accountability.

We encourage OMB to consider the cumulative impact of the proposed revisions on health professions education, scientific research, workforce development, and healthcare innovation. Federal investments achieve their greatest value when institutions can effectively compete for funding opportunities, responsibly administer awards, sustain long-term programs, collaborate with partners, disseminate research findings, and translate knowledge into improved health outcomes. The nation's colleges and schools of pharmacy play a critical role in preparing pharmacists, pharmaceutical scientists, educators, and healthcare leaders who serve communities across the country. Federal financial assistance supports not only institutional activities, but also the healthcare workforce pipeline, scientific advancement, and the patients and communities that ultimately benefit from these investments.

The undersigned organizations respectfully urge OMB to rescind this rule. Such a rule fails to balance appropriate oversight and public input with the need to preserve innovation, workforce development, scientific collaboration, and the continued advancement of healthcare education, research, and patient care. We welcome continued engagement with OMB and federal agencies as implementation of these policies moves forward. If you have any questions or like to connect with us, please contact Olunife Akinmolayan, PharmD, AACP's Director of Policy, Advocacy, and Strategic Engagement at oakinmolayan@aacp.org. Thank you for considering these comments.

Sincerely,

American Association of Colleges of Pharmacy
American Association of Psychiatric Pharmacists
American College of Clinical Pharmacy
American Society of Health-System Pharmacists
American Society of Consultant Pharmacists
Hematology/Oncology Pharmacy Association
Academy of Managed Care Pharmacy
National Alliance of State Pharmacy Associations