

Call to Action Against the Proposal to Rewrite Rules on Federal Health Grants

The White House's proposed regulations are a "major threat" to scientists and physicians who improve public health, writes the AACR.

June 30, 2026 By American Association for Cancer Research

AACR Statement and Call to Action Concerning OMB Proposal to Rewrite the Rules for Scientists and Physicians Who Are Improving Public Health and Saving Lives

PHILADELPHIA – The American Association for Cancer Research (AACR) is deeply concerned that the recent action of the White House Office of Management and Budget (OMB) to propose a [new set of regulations](#) on how federal grants are awarded and managed is a major threat to the National Institutes of Health (NIH) and its lifesaving mission to accelerate progress for patients with cancer and the hundreds of other diseases that afflict millions of Americans.

AACR strongly opposes many of the changes that OMB has proposed in its recently issued rule, titled "Regulation for Federal Financial Assistance." A considerable number of the regulations included in the rule, if finalized, will be extremely disruptive to the lifesaving research that the federal government funds and oversees, mainly through NIH.

Therefore, AACR calls on the Administration to abandon this harmful proposal, as proceeding along these lines will irreparably damage NIH, an agency that is widely revered as the world's leading medical research enterprise for its support of the innovative discoveries and groundbreaking treatments that are increasing survival rates and enhancing the quality of life for patients.

According to OMB, the intention of these proposed revisions is to improve transparency, accountability, and oversight of federal awards while reducing administrative burden and ensuring responsible stewardship of taxpayer resources. While AACR shares these goals and supports efforts to strengthen the effectiveness, integrity, and accountability of federal grant programs, a significant number of the provisions in this proposal would in fact increase administrative complexity, create uncertainty for grant recipients, reduce transparency in funding decisions, and undermine the merit-based processes that have effectively guided federal research investments. In short, this OMB proposal is reckless and does not meet the high U.S. standards required for a

meritorious, impactful research grant program.

AACR has identified several especially concerning provisions in this OMB proposal that will severely set back our nation's medical science enterprise and delay the groundbreaking treatments that are pivotal to improving patient outcomes and saving lives:

- OMB proposes to markedly expand the power of political appointees to override expert assessment of scientific merit by subjecting every federal research funding decision to political review. These politically appointed officials are unlikely to have subject-matter expertise and would also be instructed to determine whether grant proposals are aligned with the Administration's political priorities, regardless of their scientific merit. If political appointees are required to provide oversight of federal grant decisions and are allowed or encouraged to ignore the advice of highly qualified scientists, it will threaten the significant progress in patient outcomes that has been achieved over many decades.

The merit review process, in which scientific experts in a particular field are brought together to review scientific proposals and assign scores that are based on the quality of the application and its potential to advance new knowledge, has underpinned many discoveries that have led to major improvements in public health. This objective approach to scientific review establishes a foundation of trust within the broader scientific community and throughout the U.S. population. Revising the rules to establish an environment that sidesteps traditional and transparent scientific metrics will weaken overall confidence in the U.S. research enterprise. [This area corresponds to provision 200.205 in the OMB proposal.]

- OMB proposes to expand agency authority to suspend or terminate awards based on changing political priorities at the agency or program goals that no longer align with the Administration's concept of "Gold Standard Science," which is a term the Administration uses to terminate research not because it is unsound, but because it does not fit a preferred political or methodological agenda. These suspensions and terminations could take place regardless of whether the recipient is performing the project based on the previously approved scope of work. Therefore, an active grant, including a multi-year award that is already underway, could

be terminated because of a political or ideological agenda.

This OMB-proposed provision would create uncertainty for researchers, institutions, and patients. As one example, this proposed change may have an adverse effect on patient accrual to cancer clinical trials, as patients with cancer may be less likely to enroll if ongoing support for these clinical trials is uncertain. Cancer research often requires years of sustained investment, and permitting political appointees to discontinue support for a grant or clinical trial after the grant or clinical trial has already been awarded or begun threatens scientific progress, wastes taxpayer resources, and destabilizes research programs and studies on which patients are relying for their survival. [This area corresponds to provisions 200.340; 200.341; and 200.342 in the OMB proposal.]

- OMB proposes to create additional barriers to scientific collaboration by imposing undue restrictions on international partnerships that are often essential for making advances against cancer and other human diseases. Modern cancer science relies on global networks of researchers, clinical trial participants, data resources, and specialized expertise. Limiting these collaborations will slow the pace of discovery and innovation. As one example among many, international collaborations are vitally important for pediatric cancer research. Because childhood cancers are rare, pooling global patient data, resources, and expertise accelerates clinical trials, drives breakthroughs in drug-resistant subtypes, and bridges survival disparities across high- and low-income countries. [This area corresponds to provisions 200.202 and 200.220 in the OMB proposal.]
- OMB proposes to prohibit all federal funding related to diversity, equity, and inclusion. OMB's justification includes vague language that could be interpreted in ways that restrict research on cancer disparities, access to care, and differences in outcomes among all patient populations. Cancer touches every community, yet, sadly, its burden is not shared equally. A person's race, ethnicity, income, ZIP code, insurance status, access to screening, ability to enroll in a clinical

trial, and proximity to overall high-quality cancer care shape whether cancer is found early, treated effectively, and ultimately cured. [This area corresponds to provisions 200.218 and 200.300 in the OMB proposal.]

- OMB proposes to restrict activities that are fundamental components of innovative scientific research and that are essential to how research findings are shared and translated into patient benefit. Provisions in the OMB proposal to limit funding support for scientific publications, journal subscriptions, and attendance at scientific conferences would hinder the ability of researchers to disseminate discoveries, learn about emerging advances, and establish highly productive collaborations. [This area corresponds to provisions 200.432; 200.454; and 200.461 in the OMB proposal.]

For decades, the framework that supports America's scientific research enterprise through agencies such as NIH and the National Cancer Institute has fueled transformative discoveries in cancer prevention, detection, treatment, and survivorship. This established system has reduced the U.S. cancer death rate by 35% since 1991, resulting in more than 4.8 million U.S. lives saved. This progress has been made possible because of research funding decisions guided by the rigorous review of grant applications by scientific experts and their assessment of these grants to improve public health—NOT guided by political and ideological considerations.

If this OMB-proposed regulation is ultimately finalized, it will severely weaken the U.S. federal research grant program that has supported American innovation and medical breakthroughs for decades. It will also upend the collaborative and evidence-based model that has resulted in U.S. leadership in cancer research and medical science.

Call to Action

AACR, along with the entire medical research community, opposes these draconian efforts to politicize medical research funding and seriously weaken the integrity and effectiveness of the U.S. federal grantmaking process.

AACR calls on its more than 66,000 members to make their voices heard before the deadline of Monday, July 13, 2026, by submitting comments in opposition to the many detrimental provisions in the OMB proposal that would undermine scientific independence, restrict collaborations, disrupt the dissemination of research, and seriously threaten progress against cancer and hundreds of other diseases.

AACR calls on all stakeholders to contact their congressional representatives as soon as possible

with their urgent concerns about OMB's proposal and to request that these policymakers exercise their authority to prevent the implementation of the provisions in the OMB proposal.

At this time of crisis, we in the research community have a major responsibility to protect and preserve the U.S. medical research enterprise. By acting now to express our objections to the OMB proposal, we can sustain the lifesaving innovation in research that is accelerating discoveries and bringing cures to millions of patients.

[Click here for Instructions on how to Submit a Comment to OMB](#)

[Click here to Contact Your Members of Congress about this damaging proposal from OMB](#)

This [Call to Action](#) was originally published June 30, 2026, on AACR.org.

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