



METAVIVOR

Metastatic Breast Cancer | Research | Advocacy | Support

July 13, 2026

Russell Vought

Director

Office of Management and Budget

725 17th St. NW

Washington, D.C. 20503

Re: OMB-2026-0034 – Regulation Federal Financial Assistance Proposed Rule

91 Fed. Reg. 32198 (May 29, 2026)

Dear Director Vought:

This Response is proffered by [METAvivor](#), a volunteer, patient advocate-led nonprofit organization dedicated to improving the lives of people living with stage IV metastatic breast cancer (MBC) through direct funding of MBC research, advancing federal policies through advocacy, and facilitating a community of peer-to-peer support.

Public funding for scientific research and development (R&D) represents one of the great success stories in American history. Each Federal dollar spent on biomedical R&D has historically yielded more than 250% return on investment, making it consistently one of the highest-impact uses of taxpayer money. Beyond top-line figures, the real-world impacts of these investments are immeasurable: better diagnostics, more effective therapies, and millions of lives extended and improved.

Central to the robustness of this R&D ecosystem is the way funds are allocated by Federal scientific organizations: investigators receive stable funding through rigorous, evidence-based review by politically neutral subject matter experts. The proposed revisions to OMB's Uniform Guidance (UG) would have catastrophic and long-lasting impacts on the American scientific enterprise by undermining nearly every aspect of these established review and award processes. These impacts would be felt not only in the biomedical research community but across scientific disciplines and sectors, with the ultimate consequence of stifling innovation that would benefit the American people. Diseases like metastatic breast cancer, which already suffer from systematic research and clinical under-resourcing, would be especially adversely affected by implementation of the revised UG at the National Institutes of Health (NIH), the Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC), and the Congressionally Directed Medical Research Program under the Department of War, which have historically funded the most important breakthroughs in MBC disease biology and treatment. METAvivor strongly

opposes the adoption of the revised UG and recommends continuing to build upon the strengths of the existing merit-based peer review system and increasing R&D investments in under-resourced diseases like MBC.

The changes proposed in this NPRM are wasteful and harmful. They would fundamentally and deleteriously alter the American R&D landscape by:

- **Formalizing guidance into binding regulation.** In doing so, the power to regulate the scientific grantmaking process would be consolidated into OMB which does not have a scientific mandate or subject matter expertise. In addition, it would allow OMB to dictate that federally supported programs and projects must “demonstrably advance the President’s policy priorities”. Placing greater importance on a President’s agenda than agencies’ expertise and knowledge of what would benefit Americans would lead to great instability and uncertainty for patients, the scientific community, and the economy.
- **Requiring a “pre-issuance review” of R&D grants before objective merit-based evaluation.** Designating political appointees, who may not be subject matter experts, as the primary decision makers would heighten the risk of waste of the taxpayer investment because it was subject to the changing winds of political influence instead of the core value of the science. In order to secure the advancement of science and the continuity of research, it is crucial that agencies and their career employees make the initial merit-based decisions guided by unbiased scientific evidence and deep subject matter expertise.
- **Increasing likelihood of existing grant termination provisions and instituting new provisions for grant suspension.** The new provisions would make it easier for agencies to arbitrarily interrupt grant funding based on overly vague criteria. To the extent this has already been put into practice, billions of dollars in previously awarded grants have been paused or terminated under the existing provisions. Recissions of this kind result in a significant amount of wasted federal dollars, a drastic reduction in the research workforce and infrastructure—with serious implications for the next generation of scientific careers and employment, unnecessary administrative costs, and prematurely halting critical biomedical research, including ongoing clinical trials. These interruptions are costly to the system, create instability in the entire research field, and abruptly remove lifelines of patients who are generously and often desperately participating in clinical trials as a way to extend their lives.
- **Restricting investment in research with high public health impact.**
 - The revised UG would place severe restrictions on international R&D collaborations, contradicting a foundational tenant of research: that discovery and innovation know no borders. Indeed, many successful federally supported research projects, including numerous clinical trials, have been multi-national. In addition to increasing administrative costs, imposing onerous limitations and reporting requirements on international collaborations would needlessly block the advances, like new drugs, that these partnerships have historically yielded.
 - In addition, the revised UG includes prohibitions on so-called “disparate-impact liability” research as well as other research that includes any focus on demographic

differences. Such limitations would fundamentally hamper research on health disparities, which underlie some of our country's costliest public health burdens. Long-term, this policy would risk widening these disparities and entrenching real-world harms for many vulnerable Americans across all demographic groups. For example, while 99% of MBC patients are women, it is crucial that the 1% of MBC patients who are male are specifically included in investments in MBC research. Furthermore, limiting multi-site clinical trials and health disparities research would be particularly damaging to the MBC community, because the public health burden of MBC is exacerbated by disparities in outcomes and health care access as well as a paucity of new treatments being advanced through clinical trials.

- **Silencing scientific communication.** The ability of scientists to communicate their work and explore fruitful research partnerships is essential to translating discoveries into real-world impact. By creating an avenue which refuses to fund the costs associated with scholarly publication, attendance at scientific conferences, and membership in professional organizations, the revised UG would hamper critical channels through which these communications take place. In addition to seeming at ideological odds with the Administration's stated goal of enabling the free exchange of ideas, this rule sits in direct conflict with the Administration's requirement that all federally funded research be made free to access through payment of article-processing charges.

The impacts of these disruptions would not be limited to the scientific community. They would also do irreparable harm to the political efficacy and economic well-being of everyday Americans by:

- Tilting governance authority over Federal grant programs more heavily toward unelected officials who don't have the necessary subject matter expertise.
- Reducing opportunities for public input in Federal policies by removing agency-specific notice and comment rulemaking.
- Imposing needless administrative costs, which are passed on to taxpayers, due to increased oversight requirements and unpredictability across political cycles.
- Divesting federal research dollars from major economic engines, such as universities and academic medical centers, that often serve as the largest employers and greatest drivers of growth and development in a given region.

Science is a deliberative endeavor. Utilizing non-merit-based review will result in researchers trying to craft "safe" proposals to appeal to the changing and subjective topics of interest of an administration or single appointed individuals charged with making award determinations.

Imbuing subjective decision-making into the scientific enterprise risks setting off a seismic shift that fundamentally alters the practice of science away from the most scientifically promising research ideas to the vacillations of elections, agency turnover, and the personal interests of non-experts. To achieve the greatest return and value of the investment of funding science funding decisions must remain tied to merit-based evaluations of potential, relevance, and impact. Rejecting the revisions proposed in this NPRM is a critical step in halting the politicization of science and promoting human flourishing through evidence-driven innovation that benefits all.