FOVA
FRIENDS OF VA MEDICAL CARE AND HEALTH RESEARCH

July 9, 2026

Office of Management and Budget
Office of Federal Financial Management
Submitted via regulations.gov
Docket OMB-2026-0034 | RIN 0348-AB88

Re: Comments on Proposed Rule – Revisions to the Uniform Guidance for Federal Financial Assistance

To Whom It May Concern:

The Friends of VA Medical Care and Health Research (FOVA) Executive Committee respectfully submits these comments on the above-referenced proposed rule. FOVA is a coalition dedicated exclusively to advancing robust federal investment in VA medical care and health research. We represent organizations that work directly alongside VA medical centers, supporting the scientists, clinicians, and research infrastructure that advance medical care for veterans and, through them, for all Americans.

VA Research Is American Healthcare Research

Before addressing specific provisions, we ask OMB to consider the full scope of what is at stake. VA research is not a niche veterans' program. It is one of the most productive engines of discovery in American medicine.

The VA operates the largest integrated healthcare system in the United States and one of the most powerful clinical research infrastructures in the world. Its longitudinal datasets — including the Million Veterans Program, with more than one million enrolled veterans and among the largest genetic biobanks ever assembled[1] — have generated insights into cancer, cardiovascular disease, mental health, and aging that benefit every American. Advances in prosthetics, surgical technique, PTSD treatment, and rehabilitation medicine that originated in VA research have been adopted across civilian healthcare.[2] VA research functions as seed money for American

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[1] U.S. Dep't of Veterans Affairs, Office of Research & Dev., *Million Veteran Program (MVP)*, https://www.research.va.gov/mvp/ (updated July 16, 2025) ("Since launching in 2011, 1 million Veterans have joined MVP. It's the largest research effort at VA to improve health care for Veterans and one of the largest research programs in the world studying genes and health.").

[2] U.S. Dep't of Veterans Affairs, Office of Research & Dev., *VA Research: A Historical Look*, https://www.research.va.gov/pubs/ord-history.cfm (citing among VA's signature achievements the concept of CT scanning and the first practical implantable cardiac pacemaker). VA research has also produced foundational advances in prosthetics and developed the cognitive processing and prolonged exposure therapy protocols now

medicine: investments made on behalf of veterans produce discoveries that transform healthcare for everyone.

The population most directly and immediately harmed by this proposed rule is veterans: men and women who served this country and who have earned, without question, the best medical science our nation can provide. But the downstream effects reach further. When VA research is weakened, American medicine is weakened.

FOVA supports accountability in federal grantmaking. Sound stewardship of taxpayer resources is a value this coalition holds and promotes. However, several provisions in this proposed rule would cause serious and lasting harm, not only to veterans, but to the broader research enterprise they anchor. We urge OMB to revise these provisions before the rule is finalized.

The Structural Problem: Uncertainty and the Chilling Effect

FOVA's overarching concern is not limited to any single provision. It is structural. Taken together, the provisions described below would inject profound and unprecedented uncertainty into the federal grantmaking process for research.

Scientific research operates on long-term horizons. Investigators design studies that unfold over years or decades. Institutions hire staff, build infrastructure, and form partnerships around the expectation that federal awards will be governed by consistent, merit-based rules. Funders and nonprofit partners make commitments premised on continuity. When that continuity cannot be assumed — when awards may be reviewed for political alignment, terminated without cause, or constrained by shifting definitions of permissible collaboration — the entire enterprise is destabilized.

This uncertainty will produce a chilling effect that extends far beyond any awards actually affected. Researchers will self-censor grant applications, avoiding topics perceived as politically risky. Institutions will hesitate to invest in VA-affiliated research programs. Investigators will choose other environments over the VA ecosystem. Future grants will be shaped by fear of political review rather than scientific opportunity. This chilling effect on future grantmaking is, in many respects, as damaging as any direct harm to current awards — and it is already beginning as researchers and institutions anticipate this rule.

For veterans, the consequence is delayed discovery and disrupted care. For American medicine, it is the contraction of one of its most productive and trusted research systems.

[§§ 200.205-200.206] Political Oversight of Merit-Based Research Awards

The proposed rule would require political appointees to review discretionary awards for alignment with Administration priorities before issuance. This provision would displace

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standard for PTSD care. *See* Prosthetics/Limb Loss, https://www.research.va.gov/topics/prosthetics.cfm; Posttraumatic Stress Disorder (PTSD), https://www.research.va.gov/topics/ptsd.cfm.

independent, merit-based peer review — the long-established mechanism for ensuring that federal research funding follows scientific evidence — with political judgment that is inherently variable and undefined.

For veterans' research specifically, the implications are severe. Research into post-traumatic stress, substance use disorders, women veterans' health, reproductive health, psychedelics, health disparities, and toxic exposure addresses conditions that veterans face at disproportionate rates. These areas have been expressly recognized and directed by Congress.[3] Under the proposed rule, research in these areas could be blocked not because of scientific deficiency, but because of political perception.

The chilling effect compounds the direct harm. Once investigators understand that certain research topics may trigger political review, they may begin shaping their proposals accordingly — narrowing lines of inquiry, moderating their language, or steering away from VA funding channels altogether. The result is a research portfolio driven not by veteran need or scientific opportunity, but by what investigators believe will survive political scrutiny.

FOVA urges OMB to preserve peer review as the primary and decisive basis for research funding decisions. Any additional risk-based review should be governed by criteria that are objective, clearly defined, publicly available, and subject to meaningful appeal. Undefined standards are not accountability; they are the conditions for arbitrary decision-making.

[§ 200.340] Expanded Authority to Terminate Active Research Awards

The proposed rule would allow agencies to terminate active research awards at any time, without a finding of misconduct, fraud, or other specific cause. This provision is among the most damaging in the proposed rule, both in its direct effects and in what it signals to the research community.

VA's long-term longitudinal studies are among the most valuable assets in the national research portfolio. Built over years of continuous data collection, participant enrollment, and sustained federal investment, they are irreplaceable. They cannot be paused and resumed. When a longitudinal study is terminated mid-stream, data integrity may be permanently compromised, the sunk federal investment may yield no usable findings, and enrolled veterans may lose access to clinical care options with no equivalent alternative. These are not recoverable losses.

But the harm does not stop with terminated awards. No investigator will design a ten-year longitudinal study knowing it can be cancelled without cause at any point. No institution will build VA research infrastructure without confidence that long-term awards will be honored. The

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[3] *See* H.R. 8469, 119th Cong. § 250 (2025), which designates specific funding within VA Health Administration accounts for, among other priorities: $42,000,000 for the National Center for Post-Traumatic Stress Disorder; $709,573,000 for opioid prevention and treatment programs; $1,444,000,000 for gender-specific care and programmatic efforts to deliver care for women veterans; $700,000,000 for suicide prevention outreach programs; and additional funds under the Cost of War Toxic Exposures Fund.

threat of discretionary termination will reshape research design across the VA ecosystem — toward shorter, lower-risk studies and away from the ambitious, long-horizon work that produces the most significant discoveries.

FOVA urges OMB to exclude multi-year research awards from discretionary "agency priority" terminations. Any process that could affect active research must include robust advance notice, funded wind-down periods, independent review, and explicit protections for enrolled veteran participants. These are not procedural preferences — they are the minimum conditions for a functioning research enterprise

[§ 200.220] Restrictions on International Research Collaboration

The health challenges facing veterans are studied by researchers around the world. Traumatic brain injury, PTSD, spinal cord injury, military oncology, and the long-term health effects of combat and service are not uniquely American problems, and the science needed to address them is not uniquely American in its origins. U.S. military and veteran health researchers have long participated in multi-institution research consortia, shared data across networks spanning academia, federal agencies, and allied researchers, and contributed to collaborative discovery that benefits veterans worldwide.[4]

The proposed restrictions on international partnerships would slow or sever these connections — isolating U.S. veterans' researchers from data, expertise, and collaborative networks that cannot be replicated domestically. Beyond the direct scientific cost, the uncertainty around what international activities are now permissible will lead researchers and institutions to preemptively withdraw from international partnerships rather than risk compliance exposure. The chilling effect, again, precedes any formal restriction.

FOVA urges OMB to ensure that any restrictions on international collaboration are narrowly tailored to genuine national security concerns, not applied broadly to scientific data sharing, joint publication, or routine multinational research activity. Routine international research partnerships and data-sharing arrangements in the field of veterans' and military health research should be explicitly exempted.

[§§ 200.432 and 200.461] Restrictions on Dissemination and Professional Activities

The proposed rule would restrict allowable costs for publication fees, conference participation, and professional development. For veterans' research, these restrictions would reduce the reach

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[4] *See, e.g.*, U.S. Dep of Veterans Affairs, Office of Research & Dev., *Traumatic Brain Injury (TBI)*, https://www.research.va.gov/topics/tbi.cfm (noting that "an international team including researchers from the Boston VA Healthcare System discovered chronic traumatic encephalopathy (CTE)" in the brains of four veterans after their deaths, three of whom had survived IED blasts and one of whom had sustained multiple concussions in and out of service).

of scientific findings, slow their translation into clinical practice, and undermine the ability of VA-affiliated programs to compete for scientific talent.

Research that cannot be published and shared cannot improve care. Conference participation is not a discretionary activity — it is the primary mechanism through which findings are communicated to the broader scientific community, collaborations are formed, and peer input refines ongoing inquiry. Professional development sustains the pipeline of investigators who will carry VA research forward. Restricting these activities reduces the return on every federal dollar invested in the underlying research and signals to the scientific community that VA is an increasingly unattractive research environment.

VA research already operates in a competitive environment for investigators and staff — one where protected research time and institutional stability are among VA's primary tools for attracting and retaining top clinician-scientists.[5] Restrictions that limit professional visibility and development will accelerate the loss of talent to environments with fewer constraints. The long-term cost to VA's research capacity — and to veterans who depend on it — will far exceed any short-term savings from disallowing these costs.

FOVA urges OMB to preserve publication fees, conference participation costs, and professional development as allowable by default for research awards.

Conclusion

Every breakthrough in PTSD treatment, cancer care, traumatic brain injury, and rehabilitation medicine began with a stable, merit-based, predictable research system. We can strengthen accountability in federal grantmaking — and we should — without dismantling the conditions that make serious scientific work possible.

The uncertainty this rule would introduce is not a manageable inconvenience. It is itself the harm: a chilling effect on future grants, a deterrent to the researchers and institutions we need, and a signal to the scientific community that VA is no longer a reliable foundation for long-term investment. For a research enterprise whose value lies precisely in its continuity and depth, that signal is deeply damaging.

Veterans have earned more than our gratitude. They have earned access to the best medical science this nation can produce and the assurance that the research enterprise built to serve them will not be dismantled by administrative uncertainty. VA research is American healthcare research. What happens to it matters to all of us.

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[5] U.S. Gov't Accountability Office, GAO-25-107360, *Veterans Affairs: Information on Protected Research Time for Clinician-Scientists* 1 (Mar. 13, 2025) ("Providing clinician-scientists with time that they can dedicate solely to research (protected research time) helps VA recruit and retain top clinician-scientists" and noting that "leaders of VA medical centers and their clinical departments face difficult resource decisions in finding a balance between supporting research and providing patient care.").

FOVA urges OMB to revise the provisions identified in these comments before finalizing the rule. We remain committed to working with OMB, Congress, and VA leadership to preserve a research framework grounded in scientific merit, protected from political interference, and capable of delivering the breakthroughs veterans and all Americans deserve.

Respectfully submitted,

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