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July 6, 2026

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The Honorable Russell Vought
Director
Office of Management and Budget
White House
Washington, D.C. 20500

**RE: OMB Guidance for Federal Financial Assistance
Docket OMB-2026-0034**

Dear Director Vought:

The Society for Cardiovascular Angiography and Interventions (SCAI) has dedicated its work to advancing the profession and is the designated society for guidance, representation, professional recognition, education, and research opportunities for invasive and interventional cardiology professionals. For more than 40 years, SCAI has personified professional excellence and innovation globally, fostering a trusted community of more than 5000 members dedicated to medical advancement and lifesaving care for adults and children with cardiovascular disease. SCAI appreciates the opportunity to comment on the proposed revisions to the Uniform Guidance for Federal Financial Assistance.

The proposed Office of Management and Budget (OMB) Guidance for Federal Financial Assistance (Docket OMB-2026-0034) contains a number of ambiguous, if not insufficiently defined standards, and gaps that if implemented, could lead to inconsistent and unintended consequences. We are especially concerned with the policy changes focused on peer review, pre-issuance review, grant termination, and use of funds for conferences, subscriptions, and publication costs.

200.205 Pre-Issuance Review by Senior Political Appointees

The proposal would place pre-issuance review of grant funds with senior political appointees and prohibit deference to peer review. SCAI is concerned that this approach would weaken the role of scientific and medical expertise in funding decisions and introduce uncertainty into a process that depends on

objectivity, transparency, and consistency over time. Long-term research requires stable funding decisions that allow investigators to develop projects, budget, build collaborations, train personnel, and generate reliable data. Allowing appointees to block or delay research based on undefined or subjective priorities would create significant barriers for researchers and institutions and could undermine progress in cardiovascular science and patient care.

Federal research funding should not be denied, delayed, or interrupted for reasons unrelated to scientific merit, feasibility, and public benefit. Introducing “Gold Standard Science” as a benchmark for funding, without clearly defining the term, would make the review process less predictable and more vulnerable to inconsistent application. In a highly competitive funding environment already constrained by limited resources, vague standards without due process would create unnecessary obstacles to innovation and discourage promising research.

200.205(d) Peer Review

The proposal would move federal funding decisions away from scientific excellence and peer review as the primary drivers of award decisions. Independent assessment by qualified scientific and/or medical experts is a cornerstone of rigorous research review and helps ensure that federal funds support high-quality, methodologically sound, and clinically meaningful work. Replacing or diminishing this process with review by individuals who may lack relevant scientific and/or medical expertise would jeopardize the accuracy, credibility, and quality of funding decisions. The integrity of peer review must be preserved to maintain public trust and ensure that taxpayer dollars generate the greatest public benefit.

200.340 Active Grant Termination

The proposal would expand agency authority to terminate active grants that are deemed inconsistent with program goals or agency priorities. SCAI is concerned that allowing termination based on a brief and vague written rationale would provide broad discretion without sufficient safeguards for researchers, institutions, or patients who may ultimately benefit from the work. Multi-year research projects require continuity, planning, and predictable support. Expanding termination authority in this manner could destabilize ongoing research, disrupt collaborations, waste prior federal investments, create unintended incentive structures and deter institutions from undertaking ambitious projects that require sustained commitment.

200.432 Conference Attendance

The proposal would allow conference attendance costs only when expressly approved. Conferences are often used in medicine and science as a means of disseminating the latest information produced in the field. This restriction, therefore, would make it difficult for researchers to respond to newly available opportunities after an award has been issued, including opportunities to present emerging findings, receive expert feedback, and establish collaborations. Scientific conferences are essential venues for disseminating research, strengthening professional networks, and accelerating translation of discoveries into clinical practice. Limiting support for conference participation would isolate investigators from their professional communities and impede the collaboration that drives innovation.

200.454 Professional Memberships and Subscriptions

The proposed rule would disallow costs for professional society memberships unless they are necessary to fulfill award requirements, as well as costs for journal subscriptions. Researchers routinely rely on professional societies, clinical guidelines, consensus documents, journals, and other scholarly resources to remain current, conduct rigorous research, and disseminate findings responsibly. Disallowing these costs would shift essential research expenses to investigators and institutions, adding to existing budget constraints and making federally funded research more difficult to complete effectively.

200.461 Publication Costs and Open Access Fees

The proposal would disallow publication costs and open access fees without providing a rationale. This provision conflicts with federal expectations that federally funded research be made publicly available and accessible. If publication and open access costs are not allowable, some researchers may be unable to publish or disseminate their findings broadly, limiting the reach and impact of taxpayer-supported research. Restricting these costs would undermine transparency, reduce access to new scholarship, reduce the nation's competitiveness with other countries and slow the advancement of science and clinical innovation.

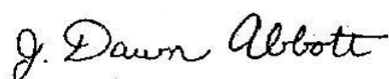
Barriers to Collaboration and Innovation

Collaboration has long been central to major advances in medicine and public health. Multidisciplinary and international partnerships allow researchers to combine expertise, validate findings across populations, and address complex clinical challenges that cannot be solved in isolation. Restrictions that discourage collaboration would weaken the research ecosystem, slow innovation, and reduce the likelihood that federally funded discoveries will translate into improved patient outcomes.

For these reasons, SCAI respectfully urges OMB to withdraw the proposed revisions and work collaboratively with scientific, medical, patient, and institutional stakeholders to develop policies that promote accountability while preserving the integrity, stability, transparency, and merit-based foundation of the federal research funding system.

SCAI appreciates the opportunity to provide comments to OMB on issues of significant importance to the interventional cardiology community. If SCAI can be of any assistance as OMB continues to consider this or related issues, please contact Monica Wright, SCAI's Director of Regulatory Affairs, at mlwright@scai.org.

Sincerely,



J. Dawn Abbott, MD, MSCAI
President