ASAM American Society of Addiction Medicine

July 13, 2026

The Honorable Russell Vought
Director
Office of Management and Budget
725 17th St, NW
Washington, DC 20503

Re: OMB-2026-0034, Proposed Revisions to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

Dear Director Vought:

On behalf of the American Society of Addiction Medicine (ASAM), we appreciate the opportunity to provide comments on Office of Management and Budget's (OMB) Notice of Proposed Rulemaking (NPRM) concerning the Uniform Guidance governing federal grants. ASAM is a professional medical society dedicated to increasing access to and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. Our membership includes over 8,000 physicians, clinicians, and associated professionals in the field of addiction medicine.

ASAM shares OMB's stated goals of improving accountability, preventing waste, and ensuring that federal dollars are used effectively. Our concern is that several provisions of the proposed rule may unintentionally have the opposite effect for addiction research, treatment, and other public health programs. Rather than reducing waste, fraud, and abuse, the rule is poised to increase costs to taxpayers by making federal grants less stable, adding new layers of review, interrupting ongoing projects and infrastructure, and reducing the return on investments already made. In support of the Administration's efforts to enhance the strength, rigor, and transparency of grantmaking for the benefit of the American public, we respectfully offer the following recommendations for consideration.

For additional details regarding the recommendations summarized in the Executive Summary, please refer to ASAM's full comments below.

Executive Summary of Recommendations

1. ***Prioritize federal investment in high-quality research and programs that maximize public benefit***
    - Preserve the central role of scientific, technical, and programmatic expertise in grantmaking.
    - Ensure that awards remain tied to statutory purpose, scientific merit, measurable outcomes, and public health needs.
    - Avoid creating processes in which well-performing addiction research or service grants become vulnerable to mid-award priority changes that decrease the value of taxpayer investments and completed work.
    - Ensure that prior grant terminations are not used against investigators in future funding decisions unless the termination was based on documented noncompliance, fraud, poor performance, or inability to perform.

2. ***Protect taxpayer investments***
    - Significantly narrow proposed discretionary termination and suspension authority.
    - Require detailed notice and meaningful opportunity to respond before active awards are terminated.
    - Protect patients, research participants, longitudinal data, treatment infrastructure, and taxpayer investments already made.
    - Consider the full cost of disruption, including closeout costs, restart costs, staff losses, data loss, and interrupted services.

3. ***Increase access to funding opportunities and reduce recipient burden***
    - Avoid duplicative review steps that delay awards already reviewed for scientific, programmatic, fiscal, and compliance standards.
    - Preserve reasonable support for scientific dissemination, including conferences, subscriptions, and publication costs.
    - Ensure that new administrative requirements do not slow innovation in addiction treatment, prevention, and recovery.

4. ***Strengthen safeguards to ensure transparent, accountable, and well managed federal grantmaking***

- Use clear, objective, award specific standards for review, suspension, or termination.
- Focus oversight on noncompliance, fraud, inability to perform, poor performance, or statutory conflict.
- Require public reporting or documentation of the basis for discretionary terminations.

ASAM appreciates the opportunity to provide comments on these proposed revisions. As stated, we share the Administration's commitment to ensuring that federal grant funds are invested wisely, reviewed rigorously, and directed to initiatives with the greatest potential to improve outcomes for the American people. Our recommendations are intended to strengthen the transparency, accountability, and scientific and technical expertise that are essential to effective grantmaking, while avoiding policies that could create administrative burdens, delays, or undue external influences on merit-based funding decisions. We look forward to continued engagement with OMB and stand ready to provide additional information that may be helpful as the agency finalizes this rule.

Please feel free to contact Corey Barton, Director, Practice Management and Regulatory Affairs at ASAM at cbarton@asam.org if you have questions or need further information.

Sincerely,

Stephen Taylor, MD

Stephen M. Taylor, MD, MPH, DFAPA, DFASAM
President, American Society of Addiction Medicine

Detailed Comments

1) Prioritize federal investment in high-quality research and programs that maximize public benefit

We understand that the NPRM seeks to strengthen oversight and ensure that federal grant programs produce meaningful public benefit, which is an effort that ASAM supports. However, in addiction medicine, provisions that tie program design or award approval too closely to changing administration priorities such as the ones listed below, may unintentionally weaken, rather than strengthen merit-based grantmaking:

Proposed rule §200.202 would require program planning and design to align with administration policies and priorities.

Proposed rule §200.205 would require senior appointee pre-issuance review of discretionary awards.

Proposed rule §200.206 would expand applicant risk review considerations.

Substance use disorders are chronic medical conditions, and the work needed to address them requires sustained investment. Research studies may follow participants over time, evaluate treatment outcomes, build community partnerships, or test interventions in real-world care settings. Addiction related grants undergo substantial review, including scientific, technical, programmatic, fiscal, and compliance review. Allowing for termination based on the specific policy priorities of each administration would establish a research model that fundamentally undermines study designs that are most needed to improve patient outcomes. Moreover, adding senior appointee pre-issuance review after expert assessment may slow awards, increase administrative costs, and make funding decisions less predictable. Grants awarded that are meritorious, lawful, and aligned with congressional intent at time of award should not be vulnerable to termination in the absence of a documented determination that termination would better serve the public interest after consideration of taxpayer investments already made, project performance, and program objectives. This is particularly important in the realm of addiction research given that timely research and implementation can save lives.

We are also concerned that proposed changes to §200.206 could unintentionally harm the addiction research workforce if prior grant terminations are treated as negative indicators in future funding decisions without considering the reason for termination. Addiction researchers often design studies in response to federal priorities, funding opportunity language, and agency guidance. In recent years, many addiction researchers were encouraged to design studies in reliance on then-existing federal priorities and funding opportunity requirements, such as investigating how to reduce health disparities in patients with substance use disorders, and some subsequently experienced grant terminations unrelated to scientific quality, performance, or compliance. If such terminations are permitted to be used against

these investigators in future funding decisions, a large proportion of the federally funded addiction research workforce would be pushed out of the field, which is particularly detrimental given that this is a highly specialized workforce which cannot be easily replaced. Excluding or discouraging these investigators due to prior terminations unrelated to scientific quality, performance, or compliance, would result in a dramatic reduction in the nation's ability to develop effective addiction prevention and treatment interventions.

Recommendation: OMB should revise §200.202 and §200.205 to ensure that scientific merit, statutory purpose, measurable outcomes, and public health need remain the primary basis for addiction-related research and service awards. Senior appointee review, if retained, should function as an additional oversight mechanism and should not duplicate or override scientific, technical, or programmatic expert review absent a clear, documented reason. OMB should also clarify that a prior grant termination will not be treated as an adverse factor in future funding decisions unless the termination was based on documented noncompliance, fraud, poor performance, inability to perform, or other recipient specific concerns.

2) Protect taxpayer investments

ASAM is particularly concerned about the proposed revisions to allow discretionary termination or suspension of active awards when agency priorities or federal interests change. **Proposed rules §200.340 - §200.343** would expand discretionary termination and suspension of active awards and limit required appeal procedures. Although flexibility can be important, it is important to recognize that there are substantial taxpayer costs associated with grant terminations – even in cases where grants are reinstated. By the time a grant is terminated, federal funds have often already been paid for staff, infrastructure, participant recruitment, data systems, training, and more.

In reviewing publicly available grant termination and disruption datasets (e.g., the HHS TAGGS database, USASpending.gov), we identified over 2,000 addiction related grants and programs across NIH, SAMHSA, and DOJ that have been subject to grant terminations or disruptions. These include projects related to opioid use disorder, overdose prevention, alcohol use, tobacco use, stimulant use, cannabis use disorder, polysubstance use, drug courts, reentry, recovery support, and substance use disorder prevention and treatment services. Based on available data, we estimate at least **$1.87 billion** in taxpayer dollars had already been spent or outlaid on these addiction focused projects prior to the terminations and disruptions; ASAM would be happy to provide additional information regarding this estimate upon request. To put this into perspective, this exceeds the reported FY2026 funding level for the National Institute on Drug Abuse of $1.662 billion, indicating that the amount of taxpayer investment already spent on disrupted addiction related research is larger than an entire year of federal funding for the nation's lead addiction research institute. This underscores our central concern that broad midstream termination authority does not save money but instead can unintentionally result in waste of prior federal investment. Abrupt termination could also hurt

access to federally funded data, clinical infrastructure, and research created through the award.

These figures should be viewed as taxpayer investment placed at risk. If a research project or program is stopped abruptly, the government and taxpayers lose the value of the work that it has already paid for. In the context of research studies, missed follow-up visits can damage longitudinal data; for service grants, temporary disruption can result in staff layoffs, loss of trained personnel, interrupted clinical care, and loss of community trust. Even in cases where grants are later reinstated, these costs are not fully reversed; a reinstated grant cannot always recover lost participants, rebuild disrupted workplaces, or restore broken community relationships.

The proposed rule could make such grant disruptions a recurring cost of every administration change. If active awards can be re-screened against shifting priorities, taxpayers may face repeated cycles of project stoppages, reinstatements, closeout and restart costs, lost data, and eroded public trust. This is especially concerning for addiction related grants, where bipartisan support and long-term stability have been essential to sustain research, treatment, recovery, and overdose prevention efforts. Making research programs that are meritorious and well performing less predictably will weaken community partnerships and make it increasingly difficult for researchers, healthcare systems, states, and service providers to maintain an effective response to substance use and overdose.

Recommendation: OMB should substantially narrow the discretionary termination and suspension provisions. Active awards should not be terminated absent noncompliance, fraud, statutory conflict, inability to perform, or for any other clear and specific programmatic reason supported by the record. Prior to any terminations, agencies should be required to assess funds already spent or obligated, expected closeout costs, potential loss of data, services, or federally funded assets, and steps needed to preserve the public value of work already funded.

3) Increase access to funding opportunities and reduce recipient burden

We support OMB's goal of reducing unnecessary recipient burden. However, several provisions of the proposed rule may create new administrative burden rather than reduce it. For example, proposed **§200.205** would require senior appointee pre-issuance review of discretionary awards. We understand the interest in ensuring accountability for federal spending. However, addiction research awards already undergo extensive scientific, programmatic, fiscal, and compliance review. Adding another layer of review after scientific and technical assessment will slow awards, increase administrative costs, and delay the translation of research into practice. This is particularly concerning in addiction medicine, where timely innovation can save lives, given that federal grants support work on medications for opioid use disorder, overdose prevention, alcohol use disorder, stimulant use disorder,

tobacco use, recovery support treatment in criminal justice settings, and implementation of evidence-based care. Delays in funding can delay treatment access, data collection, workforce development, and dissemination of effective interventions. The additional review layer also appears inconsistent with the stated goal of reducing recipient burden. If the purpose is to make federal funding more efficient, adding a new approval step for awards which have already gone through the process of expert review may create avoidable bureaucratic burden for both Executive Branch agencies and applicants.

We are also concerned that proposed restrictions or prior approval requirements related to conferences, subscriptions, and publication costs as described in **200.432, §200.454, §200.461** could reduce the value of federally funded addiction research**.** Restricting or subjecting conference attendance, academic publication subscriptions, and publication costs to additional approval requirements may dramatically reduce innovation by restricting researchers' access to one another's findings and undermine the administration's goal of improving public access to research results. The impact of research is entirely determined by the reach of its dissemination; removing support for such dissemination would drastically reduce the return on the investment of federal grants for the American public.

Recommendation: OMB should avoid duplicative review steps and preserve allowability of reasonable conference, subscription, professional literature, and publication costs when they are necessary and directly related to federally funded work. Moreover, OMB should avoid prior approval requirements that add administrative burden without clear fiscal benefit.

4) Strengthen safeguards to ensure transparent, accountable, and well managed federal grantmaking

ASAM supports strong safeguards for federal grantmaking. Federal agencies should have appropriate tools to prevent fraud, address noncompliance, improve performance, and ensure that taxpayer dollars are used effectively. However, those safeguards should be clear, objective, and predictable. This is especially important for addiction related research and federally supported programs because mid-project disruptions can affect patients, research participants, clinical services, community partners, and longitudinal data.

Proposed **§200.341 and §200.342** would require notice for certain terminations but would not require the same opportunity to object, hearing, or appeal procedures for discretionary terminations as for noncompliance-based terminations. If an active award is terminated, taxpayers should be able to understand why the project was stopped, how much had already been spent, what services or data may be affected, and what steps were taken to protect the public investment. Without clear standards and meaningful process protections, discretionary termination authority may unintentionally weaken accountability by making funding decisions harder to understand, evaluate, and administer consistently.

Recommendation: OMB should require detailed award-specific written explanations for discretionary terminations or suspensions. These explanations should identify the basis for the decision, the amount of funding already spent or obligated, the expected costs and savings, and any anticipated effects on services, research participants, longitudinal data, workforce continuity, or community partnerships. Recipients should also receive written notice and a meaningful opportunity to respond before termination or suspension takes effect, except in narrow emergency circumstances.