OMB Rule Talking Points

The Trump Administration has proposed a new rule that applies to all federal agencies and would dramatically reshape the federal grant-making process. The changes proposed by the Office of Management and Budget (OMB), which include limiting scientific dissemination and allowing federal agencies to terminate grants at will, threaten to undermine hematology research and patient care. Click here for more detailed information on the proposed OMB rule.

ASH submitted comments to OMB urging for the immediate withdrawal of the rule and is alerting members of Congress about the devastating impact this rule would have on hematology research and practice.

We are strongly encouraging ASH members to contact your members of Congress to alert them to these concerns, and how these provisions would affect your research and ability to disseminate findings; clinical practice and your ability to improve patient care; and public health programs and the impact on the communities you serve.

Below are some suggested talking points to share with lawmakers:

The proposal politicizes decisions that should be made by non-partisan experts:

- The proposal will inject politics into decision-making that is best left up to non-partisan scientific experts. Political considerations will outweigh scientific merit, innovation, feasibility, and public health need.
- The de-emphasis of merit review will hurt early-stage investigators who will no longer receive meaningful feedback on their grant applications, which is instrumental in improving their future applications.
- Terminating grants based on shifting agency priorities or an undefined “national interest” would undermine peer-reviewed, longer-term research; destabilize the research workforce and infrastructure; discourage innovative science; and jeopardize clinical trials, patient safety, and future breakthroughs in hematology.

The proposal increases bureaucratic red tape:

- The proposed rule would replace a flexible grants framework with rigid requirements that could disrupt NIH-funded research.
- While the rule purports to reduce burden on grantees, it will do the exact opposite. Lengthy delays have already harmed ongoing efforts, and fear of grant cancelations makes long-term planning nearly impossible.
- The rule also adds new requirements for documentation and advanced permission for use of funds for certain activities, further adding to grantee burden.
    - Obtaining permission or disallowing funding for activities such as conference attendance and journal publication harms researchers' ability to disseminate findings to their peers and the general public.
    - Scientific progress depends on the timely dissemination of research findings. Delays and restrictions on meeting attendance and publication may delay the translation of discoveries into clinical practice.
    - Limits on communication reduce transparency and accountability for federally funded research.

"Gold standard science" is ill-defined and subject to subjective interpretation:

- The term “gold standard science” is vague and not defined in the proposed rule creating uncertainty and inconsistency.
- Different research questions require different methodologies. A narrow interpretation of "gold standard science" could unintentionally exclude valuable and necessary research. One example is in the rare disease space.

Elimination of fixed amount awards and subcontracts adds administrative burden:

- Fixed amount awards reduce administrative burden and provide flexibility for managing smaller projects. Eliminating fixed amount awards will increase reporting requirements and compliance costs. This could potentially reduce geographic diversity and patient representation in research.
- Restrictions on subawards could make it harder for institutions to collaborate effectively. Collaborative research networks frequently depend on subawards to engage multiple institutions, potentially eliminating new discoveries. Smaller institutions, community hospitals, and community-based partners often participate in research through subawards.

Limiting international collaboration harms America:

- Many scientific advances, particularly for those with smaller patient populations, depend on international collaboration, data sharing, and global clinical trials. Restricting international partnerships may slow research progress and reduce access to specialized expertise.
- Certain diseases and public health threats require international surveillance and collaboration, like the current Ebola outbreak.

In summary, If NIH peer review and reliable grant funding are undermined, decisions could shift away from scientific merit, interrupting research, clinical trials, and the development of treatments, particularly in hematology and rare diseases. These delays could limit access to care and worsen patient outcomes.

This proposed rule creates uncertainty for research personnel, including investigators, fellows, research coordinators, and support staff. Not only does this make it difficult for institutions to plan, it also will likely shift more of the costs to institutions, which may not have the budget to support the infrastructure and personnel needed to support federally funded research.