



American College of Sports Medicine (ACSM)
6510 Telecom Drive
Suite 200
Indianapolis, IN 46278
www.acsm.org

July 8, 2026

Submitted electronically via Regulations.gov
Docket: OMB-2026-0034

Re: Comments on Proposed Rule — Uniform Grants Regulation (Revision to 2 CFR, Title 2, Guidance for Federal Financial Assistance)

To Whom It May Concern:

The American College of Sports Medicine® (ACSM®) appreciates the opportunity and respectfully submits the following comments in response to the Office of Management and Budget's (OMB) proposed Uniform Grants Regulation (UGR), published in the Federal Register on May 29, 2026 (Docket OMB-2026-0034). ACSM is the world's largest sports medicine and exercise science organization, representing nearly 50,000 members including physicians, researchers, exercise physiologists, public health professionals, and clinical practitioners. Our members conduct and rely upon federally funded research—primarily through NIH and NSF—to advance evidence-based physical activity, health equity, human performance and injury prevention science.

ACSM recognizes that the proposed rule reflects legitimate goals: reducing administrative burden on applicants, improving fiscal accountability, and modernizing the grants management infrastructure. We acknowledge that several provisions could benefit the research community. We also recognize the government's interest in ensuring that federal awards advance national interest and are managed with appropriate oversight. It is in that spirit of constructive engagement that we submit these comments.

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.



I. Areas of Support: Provisions That Could Benefit the Research Community

ACSM supports several elements of the proposed rule that are designed to reduce front-end administrative burden on researchers and institutions.

- a. **Streamlined Application Processes and Preliminary Statements of Interest.** The proposed use of brief Statements of Interest or preliminary proposals to vet projects before requiring full applications is a meaningful improvement. Researchers currently invest substantial time and resources preparing comprehensive grant applications that are declined without discussion. Allowing investigators to gauge agency interest through a lighter-touch preliminary submission would reduce that burden, enabling researchers to spend less time on grant preparation and more time conducting science. ACSM supports this change and encourages OMB to implement it broadly across federal agencies.

- b. **Multi-Year Award Cycles.** Encouraging federal agencies to shift toward longer, multi-year funding cycles has the potential to significantly benefit researchers conducting longitudinal studies, interventions, and community-based research—areas central to ACSM’s mission. Annual renewal cycles impose considerable administrative overhead and create uncertainty that can disrupt ongoing research, delay recruitment, and destabilize research teams. Multi-year awards, if implemented well, would allow investigators to focus resources on their work rather than on perpetual reapplication, and could meaningfully improve the continuity and quality of federally funded science. ACSM endorses this goal, subject to the implementation concerns we raise in Section VIII below.

Centralized Posting on Grants.gov. Requiring all federal funding opportunities to be posted on Grants.gov creates a single, reliable platform for identifying available grants, reducing the burden of monitoring scattered agency-specific procurement notices. This is a practical improvement that will benefit researchers at all institutions regardless of size.

These provisions reflect a genuine effort to reduce friction in the grants process, and ACSM encourages OMB to preserve and strengthen them in the final rule.

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.



ACSM as a science-driven healthcare society does have concerns about several of the changes being proposed that would politicize federal funding decisions, interfere with collaboration among scientists, and increase the cost and burden to federal funding recipients which we address in detail below.

II. Political Appointee Review Undermines Scientific Merit and Introduces Bias into the Grant Award Process

The proposed rule requires “pre-issuance” review of every discretionary grant by a senior political appointee before an award is made and explicitly states that peer review recommendations “remain advisory and are not ministerially ratified, routinely deferred to, or otherwise treated as de facto binding.” ACSM finds this provision to be one of the most damaging elements of the proposed rule.

Peer review is the foundational mechanism through which the scientific community evaluates the rigor, innovation, and significance of proposed research. Under the longstanding NIH model, peer review panels score the science and provide recommendations; final funding decisions are then made by Institute Directors and Program Officers who weigh those scores alongside agency priorities, portfolio balance, and statutory mission. This system has worked precisely because those final decision-makers are scientific leaders with expertise and accountability to the research community. The proposed rule would displace that scientific leadership by requiring pre-issuance approval from senior political appointees who are not required to have scientific, clinical or public health expertise and who are explicitly not bound by peer review recommendations. Placing final authority over individual grant awards in the hands of political appointees—rather than Institute Directors and Program Officers with deep scientific knowledge—introduces precisely the kind of ideological subjectivity that federal funding systems were designed to prevent.

This change would create enormous instability in grant funding across political administrations, introduce systematic partiality into which science gets funded, and undermine the confidence of the research community—as well as the public—in the integrity of federal science investments. ACSM also notes that the proposed rule does not define timelines or procedural standards for political appointee review, which

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.



introduces significant ambiguity that could delay or disrupt grant cycles and slow the progress of patient-relevant and public health research.

ACSM urges OMB to:

- Preserve scientific peer review as the central standard for evaluating scientific merit and ensure that final funding decisions remain with scientific leadership within federal agencies—such as NIH Institute Directors and Program Officers—who are equipped to weigh peer review outcomes in the context of agency priorities and mission.
- Establish that any senior administrative or political review of grant awards, if retained, must be bound by clearly defined timelines and transparent criteria, and must be appropriately guided by both the scientific peer review process and the expertise of scientific leadership within the funding agency (NIH, NSF etc.)
- Clarify that review processes will be transparent, timely, and consistent across agencies to protect research continuity.

III. Termination for Convenience Without Appeal Will Destabilize Research Programs and Penalize Legitimate Science

The proposed rule would authorize federal agencies to immediately terminate grants if an award is deemed to no longer advance “agency priorities, or the national interest,” and would remove the ability to appeal such terminations. This provision, taken in combination with the political appointee review requirement, creates a mechanism by which ongoing scientific research can be terminated at any point—without warning, without independent review, and without recourse—if it is deemed inconsistent with the current administration’s priorities.

This is a structural change that would expose every active federal research grant to ideological cancellation risk. Researchers would be unable to plan multi-year studies, recruit and retain research staff, or make long-term commitments to community partners if any grant could be terminated mid-project without process. This is particularly harmful for longitudinal intervention studies, community-based participatory research, and clinical

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.



trials where continuity is scientifically essential. Abrupt termination would also impose serious financial harm on research staff whose salaries are supported by grant funds and would place undue burden—and potential health risk—on study participants who have volunteered to receive treatment through investigational studies and who may have no alternative access to those interventions.

ACSM urges OMB to:

- Retain a meaningful and expedited appeal process for grant terminations that provides independent review outside the initiating agency.
- Require that terminations for convenience be based on documented, reviewable criteria—not solely on determinations of alignment with current administration priorities.
- Provide transition protections for researchers and institutions with active awards to allow orderly wind-down and protect research participants if termination does occur.

IV. Prohibiting Publication Costs as Allowable Expenses Will Severely Impede Research Dissemination

The proposed rule would render “publication costs (including page charges, article processing charges (APCs), or similar fees such as open access fees for professional journal publications and other peer-reviewed publications)” unallowable under federal awards. ACSM strongly opposes this provision.

The dissemination of research findings is not a peripheral activity—it is a core deliverable of federally funded science. Publication in peer-reviewed journals is the primary mechanism through which scientific knowledge reaches other researchers, clinicians, policymakers, and the public. Article processing charges and open-access fees are the direct costs associated with fulfilling this mission, particularly for publications that make findings freely accessible without subscription barriers. Publishing high-quality research in peer-reviewed journals requires funding. This provision removes the funding and does not offer an alternative.

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.



Additionally, this provision would have a disproportionate impact on researchers at any institution that lacks the resources to absorb publication costs independently—most acutely at non-R1 institutions, community colleges, teaching hospitals, and research centers without large endowments or overhead cost pools. It would also threaten the financial sustainability of scientific journals—including ACSM’s own peer-reviewed publications—that support the evidence base for physical activity, sports medicine, human performance, and public health.

In a research environment where AI-generated content increasingly threatens the integrity of the published literature, well-resourced peer review is more critical than ever, not less.

ACSM urges OMB to:

- Restore the allowability of reasonable publication costs, including APCs, page charges, and open-access fees, as integral components of the federally funded research lifecycle.
- Similarly, restore the allowability of reasonable conference travel and membership costs that directly support the dissemination and translation of federally funded research findings.

V. Restrictions on Health Equity and Broad Population Research Must Be Clarified

The proposed rule’s explicit prohibition on health equity in discretionary funding—coupled with the requirement that grants align strictly with core statutory intent—creates substantial ambiguity about the permissibility of health equity research and community health equity work, and studies examining differential outcomes across demographic groups.

ACSM members conduct essential scientific research examining how physical activity, injury, and disease burden differ across populations defined by race, ethnicity, sex, age, disability status, geographic location, and socioeconomic status. This research is scientifically valid, clinically necessary, and in many cases expressly authorized by the statutes governing National Institute of Health (NIH) and public health programs. It is not

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.



a policy preference—it is fundamental science. Restricting the ability to study how human performance and health outcomes vary across populations would not only distort the scientific record, but would also impair efforts to develop effective, evidence-based interventions for all populations.

ACSM urges OMB to:

- Explicitly clarify that the rule does not restrict scientifically valid research on disease burden, differential treatment response, access barriers, or health outcomes that vary by demographic characteristics.
- Distinguish between unlawful identity-based preferences in award selection and legitimate scientific inquiry into population health and differential outcomes.
- Protect the ability of researchers to conduct and disseminate findings from public health, community-engaged, school-based, and implementation science studies that rely on partnerships with community organizations and serve all populations.

VI. The Domestic-First Framework and Restrictions on Foreign Collaborations Will Harm International Science

The proposed rule's domestic-first framework and its restrictions on collaborations with entities characterized as foreign adversaries or related organizations will impede legitimate international scientific collaboration that is essential to advancing research that impacts public health initiatives directly within the United States. Current and yet to be determined science and health problems are universal and require a universal approach to identify solutions. The sharing of data and research to effectively educate on prevention and support public health in the United States requires global collaboration. ACSM is an international scientific organization; many of its members conduct cross-border research and depend on international conference participation. Restrictions that limit the ability of grant recipients to collaborate with international scientists or to recover travel costs associated with international scientific activities would directly harm ACSM members' ability to participate in and contribute to the global scientific community.

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.



VII. Multi-Year Award Implementation Must Protect Early-Career Investigators and Cost Recovery

ACSM supports the goal of reducing front-end administrative burden through multi-year awards, and we recognize this as a genuinely positive element of the proposed rule. However, we caution that implementation of multi-year funding cycles without careful design could reduce the total number of grants funded in any given year, create significant challenges in managing and administering larger upfront awards (which typically require additional support staff covered by indirect costs), and disproportionately disadvantage early-career investigators who depend on shorter award cycles for career progression and access to funding.

ACSM urges OMB to:

- Ensure that multi-year funding structures improve continuity without reducing the total number of fundable projects or disadvantaging early-career investigators.
- Preserve institutional cost recovery mechanisms (indirect cost rates) that support the research infrastructure needed to execute multi-year awards.

VIII. Accountability Requirements Must Be Proportionate and Must Not Render Community-Based Research Impractical

ACSM supports accountability in the use of federal funds and recognizes the importance of ensuring fiscal stewardship. However, several provisions of the proposed rule—including the elimination of fixed-amount awards and subawards, expanded subrecipient tracking requirements, and enhanced payment justification controls—will significantly increase post-award administrative burden, particularly for community-engaged research, school-based interventions, and multi-site studies that rely on partnerships with community organizations, school districts, clinics, and other entities that may have limited administrative capacity.

Requiring these partners to track, monitor, and routinely report actual costs incurred rather than working under milestone-based payments will place unreasonable demands on organizations whose primary mission is public service, not grant administration. The

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.



result will be either the exclusion of community partners from federally funded research—reducing the real-world relevance and reach of that research—or the concentration of federally funded research in large academic medical centers that have the infrastructure to absorb these requirements.

ACSM urges OMB to:

- Scale accountability and reporting requirements to award size, risk level, and the administrative capacity of subrecipient partners.
- Preserve fixed-amount award mechanisms for appropriate categories of research to enable partnerships with community organizations and reduce barriers to real-world implementation research.

Conclusion

ACSM recognizes that the federal government has legitimate interests in fiscal accountability, efficiency, and alignment of federal investments with national priorities. We support those interests. Where ACSM has concern is a regulatory framework that, as currently proposed, would politicize the grant award process, eliminate meaningful appeal rights, prohibit the publication of federally funded research findings, restrict broad population science, and make community-based research operationally unworkable.

The proposed rule, if finalized as written, would cause serious and lasting harm to the research enterprise that underlies evidence-based medicine, public health, human performance, and physical activity science. The researchers, clinicians, and public health professionals who make up ACSM's membership depend on a federal funding system that is merit-based, stable, transparent, and capable of supporting the full lifecycle of research from discovery to dissemination.

The real-world consequences of these changes for ACSM members and the populations they serve would be direct and severe:

- Scientists studying physical activity for chronic disease prevention and management—including obesity, type 2 diabetes, cardiovascular disease, cancer,

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.



and musculoskeletal conditions—as well as researchers developing programs to reduce hospital stays and readmissions (such as cardiac rehabilitation), investigators focused on increasing physical activity engagement across the lifespan in youth, adults, and older adults, and implementation scientists translating research findings into clinic-, school-, and community-based programs would all face disrupted funding, restricted dissemination, and significantly increased operational burden.

- Early-career researchers—the next generation of exercise and sports medicine scientists—would be disproportionately harmed by funding instability, the elimination of fixed-amount awards, and the reduction in total grants funded under front-loaded multi-year cycles.
- For researchers working with community organizations, the administrative requirements may simply render their work not feasible to conduct—with significant negative consequences for the public health initiatives those partnerships are designed to serve.

These are not abstract concerns. Physical inactivity is one of the leading modifiable risk factors for chronic disease in the United States. Federally funded physical activity research has established the evidence base that underpins clinical guidelines for the prevention and management of cardiovascular disease, type 2 diabetes, obesity, cancer, depression, and musculoskeletal conditions.

The evidence that physical activity independently improves glycemic control and reduces diabetes risk—separate from weight loss—is substantial and well-established. A landmark meta-analysis of randomized controlled trials found that structured exercise training produced a clinically meaningful reduction in HbA1c of 0.66% in patients with type 2 diabetes, with no significant change in body weight between exercise and control groups, demonstrating that the glycemic benefit is independent of weight loss (Boule et al., JAMA, 2001). A more recent network meta-analysis of 158 randomized controlled trials involving more than 17,000 participants confirmed that all major exercise modalities—aerobic training, resistance training, combined training, and high-intensity interval training—significantly reduce HbA1c in people with type 2 diabetes compared with controls, with reductions ranging from 0.40% to 0.61% depending on modality (de Quadros Iorra et al., Diabetes Research and Clinical Practice, 2025). These are not

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.



marginal effects: epidemiological data indicate that a one percent reduction in HbA1c is associated with a 21 percent reduction in diabetes-related mortality.

Federally funded research has also established that physical activity lowers cardiovascular disease mortality and substantially reduces healthcare utilization and costs. A meta-analysis of 33 cohort studies involving more than 883,000 participants found that physical activity was associated with a 35% reduction in cardiovascular mortality and a 33% reduction in all-cause mortality, even after adjusting for other relevant risk factors (Nocon et al., *European Journal of Cardiovascular Prevention and Rehabilitation*, 2008). A CDC-led analysis using National Health Interview Survey and Medical Expenditure Panel Survey data estimated that inadequate physical activity was associated with 11.1% of aggregate direct healthcare expenditures in the U.S. adult population, independent of body mass index (Carlson et al., *Progress in Cardiovascular Diseases*, 2015). And using Medicare claims data linked to the NIH-AARP Diet and Health Study—itsself a product of federally funded research—investigators found that adults who maintained moderate physical activity levels throughout adulthood had average annual Medicare costs approximately \$1,350 lower than consistently inactive adults, while those who increased physical activity in early adulthood saw costs nearly \$1,874 lower per year (Coughlan et al., *BMJ Open Sport and Exercise Medicine*, 2021).

The economic burden of physical inactivity in the United States has been estimated in the hundreds of billions of dollars annually in direct medical costs and lost productivity. Undermining the research infrastructure that generates and disseminates this evidence and solutions for addressing this economic burden does not save money—it defers and compounds those costs by slowing the translation of effective interventions into clinical and public health practice. A regulatory framework that restricts the conducting of, research, dissemination, and community application of physical activity and chronic disease research is, in effect, a policy that increases long-term healthcare expenditures and reduces population health. ACSM urges OMB to weigh these downstream consequences carefully in finalizing this rule.

The United States' leadership in biomedical and health research has been built on transparent, merit-based funding decisions, rigorous peer review, and the independence

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.



of scientific institutions. The proposed revisions would shift away from these longstanding principles. For exercise science, physical activity, and sports medicine research, where meaningful advances often require sustained investment, multidisciplinary collaboration, and long-term study, the resulting uncertainty could impede innovation, disrupt ongoing research, and ultimately slow improvements in health and human performance.

We respectfully urge OMB to: (1) preserve and strengthen the positive provisions described in Section I, including Statements of Interest, multi-year award cycles, and centralized grant posting; (2) preserve and protect the integrity of scientific peer review; (3) restore publication and dissemination costs as allowable expenses; (4) establish clear, reviewable standards and appeal rights for grant terminations; (5) explicitly protect the permissibility of broad population research; (6) ensure accountability requirements are proportionate to the capacity of community partners; and (7) protect multi-year award implementation from reducing the total number of fundable projects or disadvantaging early-career scientists.

ACSM appreciates the opportunity to provide these comments and is available to discuss any of these concerns in greater detail.

Respectfully submitted,
American College of Sports Medicine

Katie Feltman, CAE, Chief Executive Officer
kfeltman@acsm.org

STREET ADDRESS:

6510 Telecom Dr., Suite 200
Indianapolis, IN 46278

TELEPHONE: (317) 637-9200

FAX: (317) 634-7817

WEBSITE: www.acsm.org

Movement for all.