

June 29, 2026

Re: [Docket No. OMB-2026-0034], Office of Management and Budget Proposed Rule, Regulation for Federal Financial Assistance

The Radiological Society of North America (RSNA) is a leading global organization representing over 53,000 radiologists and medical imaging professionals across 150 countries. Our mission is to promote excellence in patient care and healthcare delivery through education, research, and technological innovation. RSNA appreciates this opportunity to provide comments regarding the Office of Management and Budget's (OMB) Proposed Rule: Regulation for Federal Financial Assistance.

Radiology's Role in Healthcare and the Medical Research Ecosystem

Radiology and medical imaging lie at the center of modern healthcare, guiding clinical decision-making across nearly every stage of the patient's journey—from screening and diagnosis to treatment planning and monitoring. Medical imaging provides clinicians with critical, often definitive insights that would otherwise be inaccessible, making it an indispensable foundation for precise, evidence-based care. As medicine becomes increasingly data-driven and personalized, imaging continues to serve as both a diagnostic anchor and a unifying tool implemented across specialties.

Advances in medical imaging translate directly into better patient care by improving clinicians' ability to detect disease earlier, characterize illness more precisely, guide treatment decisions, and monitor whether therapies are working. Innovations in imaging technology, whether through new scanners, improved contrast agents, advanced reconstruction methods, quantitative imaging tools, or artificial intelligence (AI), can reduce diagnostic uncertainty and help providers choose the right intervention at the right time. For patients, these advances can mean earlier diagnosis, less invasive care, more personalized treatment planning, and improved outcomes across conditions such as cancer, cardiovascular disease, neurological disorders, trauma, and other serious illnesses.

Because radiology is deeply embedded in diagnosis, treatment planning, and longitudinal care, radiologists and the patients they serve are essential stakeholders in the nation's medical research ecosystem. Continued federal investment in foundational and translational imaging research is therefore critical to sustaining the pipeline of evidence, technologies, and clinical tools that enable high-quality, evidence-based medical care.

Ensuring a Robust Medical Research Innovation Pipeline

Given the central role of federally sponsored research in continued medical innovation, RSNA is deeply concerned that OMB's proposed revisions to the Uniform Guidance could undermine the stability, independence, and effectiveness of the federal grantmaking process. Our comments below detail specific concerns organized by 2 CFR Part 200 section.

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[200.205 and 300.106]

For nearly eighty years, our nation's medical research enterprise has led the world in driving innovations that have directly extended life and improved health and well-being. Peer review and merit-based evaluation, the cornerstones of this ecosystem, are inextricable from its remarkable success because they ensure that federal research investments are guided by scientific opportunity, methodological rigor, and potential benefit to patients rather than political considerations.

RSNA is concerned that the Proposed Rule would convert longstanding grants policy guidance under 2 CFR 200 into binding regulation and substantially expand OMB's role in directing federal research policy, displacing the expertise of mission-driven agencies such as the NIH. By centralizing authority within a politically directed process, the proposal risks subordinating scientific peer review—which has historically served as the gold standard for identifying meritorious research—to policy priorities determined by political appointees. Under the proposed framework, peer review would become advisory rather than determinative, with final funding decisions subject to political approval and alignment with Administration priorities. This shift could undermine the objectivity, stability, and credibility of the federal research enterprise, introducing uncertainty for investigators through expanded termination authority and the potential for midstream cancellation of awards. It may also chill scientific inquiry, limit dissemination of findings, and discourage collaboration, thereby weakening the research pipeline that supports biomedical innovation and patient care.

More fundamentally, concentrating decision-making authority at OMB risks politicizing research funding decisions, displacing agency-level scientific expertise and long-established merit-based processes that have enabled NIH and other agencies to drive high-impact, life-saving discoveries. When funding decisions are shaped by political priorities rather than scientific merit, providers could face reduced access to the pipeline of evidence, imaging advances, and clinical tools needed to deliver high-quality care.

[200.340]

The Proposed Rule would broaden federal authority to suspend or terminate grants and other research awards when an award is deemed as no longer advancing agency priorities or the national interest. For research institutions and investigators, this expanded discretion could weaken the predictability that long-term biomedical research requires—disrupting multiyear studies, delaying validation of promising technologies, and making it more difficult to retain specialized research personnel. The stakes are particularly high for grant-supported clinical trials, where midstream termination could disrupt established care pathways for participating patients, compromise continuity of care, and delay access to investigational diagnostics, treatments, or monitoring strategies that may be important to their health outcomes. Without clear standards, transparent justification, and meaningful safeguards, funding decisions could become less stable and more vulnerable to shifting policy priorities. In medical imaging, that instability could slow the development and clinical validation of new diagnostic tools, imaging methods and AI-enabled technologies that help clinicians detect disease earlier, reduce uncertainty in care decisions and improve patient outcomes.

[200.432, 200.454, 200.461]

As the leading professional association for radiologists and medical imaging professionals, RSNA is concerned that the proposed changes to sections 200.432, 200.454, and 200.461 would collectively restrict the use of federal funds for core activities that support scientific dissemination and exchange, including participation in scientific

conferences and professional meetings, membership in scientific organizations, and costs associated with publishing research results. These activities are not ancillary to the research enterprise; they are essential mechanisms through which scientists present findings, test ideas, receive feedback, build collaborations, and accelerate the translation of discovery into clinical practice. By reducing support for participation in these forums, the Proposed Rule could unintentionally weaken scientific exchange, slow dissemination of federally funded research, and disconnect investigators from the professional communities that help ensure research advances are rigorously evaluated, broadly shared, and ultimately applied to improve patient care.

Conclusion

RSNA strongly urges OMB to reconsider provisions that would weaken the merit-based, peer-reviewed foundation of the federal research enterprise by allowing political considerations to override scientific judgment, expanding discretionary termination authority, constraining scientific dissemination and exchange, and concentrating greater control over research policy within a more politicized framework. Federal grant policy must preserve independent scientific review, respect the expertise of mission-driven agencies, and provide the stable, predictable environment necessary for long-term biomedical discovery and innovation. These safeguards are not merely procedural protections; they are essential to ensuring that clinicians and patients continue to benefit from the evidence, technologies, imaging advances, and clinical tools that flow from federally supported research. Maintaining them is critical to preserving a research ecosystem that drives clinical progress, strengthens patient care, and sustains the United States' leadership in medical innovation.

RSNA values the opportunity to provide input on OMB's Proposed Rule: Regulation for Federal Financial Assistance. For additional information, please contact RSNA's director of government relations, Libby O'Hare (eo hare@rsna.org).

Sincerely,



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Chair of the Board
Radiological Society of North America