AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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July 13, 2026

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

Re: Federal Financial Assistance Proposed Rule (Docket OMB-2026-0034)

Submitted Electronically

Dear Director Vought:

On behalf of the American Academy of Child and Adolescent Psychiatry (AACAP), the leading professional organization dedicated to advancing the mental health and well-being of children, adolescents, and families, we write to express our strong opposition to the proposed changes in the Office of Management and Budget's Federal Financial Assistance proposed rule.

AACAP's more than 11,000 child and adolescent psychiatrist members are clinical researchers and academic and private practice physicians who have spent their careers caring for children, adolescents, and families affected by serious mental illness. Their work includes conducting federally funded research, participating in multi-site clinical trials, mentoring trainees, and translating research findings into clinical care. They are active members of professional organizations dedicated to improving the mental health of children and adolescents, including AACAP.

The United States is currently facing a profound behavioral health crisis among its youth. Suicide is the second leading cause of death among children and adolescents over the age

of ten. Pediatric emergency departments are increasingly overwhelmed by young people experiencing acute behavioral health crises, while rates of depression and anxiety continue to rise. Alarmingly, an average of twenty-two adolescents die each week from drug overdose in this country. AACAP's concerns regarding the proposed rule must be understood in the context of this ongoing crisis and are discussed in detail in the paragraphs that follow.

Section 200.340: Grant Termination

AACAP strongly opposes Section 200.340, which would allow federal agencies to terminate grants "for any reason at any time." This provision would introduce significant instability into programs that provide critical services to children and families. Community-based organizations, schools, clinics, and other providers depend on grant funding to deliver essential behavioral health care. Federally Qualified Health Centers, for example, rely on grant-supported programs to expand access to mental health services for underserved youth. Head Start programs depend heavily on grant funding to provide early childhood education, nutrition, and developmental screening. Certified Community Behavioral Health Clinics, supported by Substance Abuse Mental Health Services Administration (SAMHSA) grants, deliver comprehensive behavioral health services nationwide.

The uncertainty created by permitting grants to be terminated without cause would discourage investment in staffing, infrastructure, and long-term program development. Healthcare systems would be less likely to hire and retain specialized staff, and organizations would hesitate to invest in critical systems and services. This instability would directly harm the vulnerable children and families these programs are designed to serve.

Section 200.202: Alignment with Administration Priorities

Requiring that programs align with the administration's priorities would risk politicization of scientific pursuit and gridlock in public health advancement. The arrival of new administrations with differing political viewpoints and priorities as frequently as every four years would untenably interrupt the scientific process, which—in the interest of advancing the health of American youth and families—should ideally be apolitical and agnostic to the range of prevailing political viewpoints over time. The scientific process should be focused on the "north star" of advancing understanding to improve public health. We should seek to minimize rather than increase political influence on the directions and priorities in health-focused research; this work should serve all Americans regardless of political preferences.

Section 200.204: Public Notice of Grant Competitions

Transparency is essential to both the integrity and public trust of federally supported science both in optics and reality. If certain competitions were deemed exempt from public notice, suspicions would inevitably arise regarding potential favoritism, cronyism, self-dealing, and other ethical violations. Additionally, the best and brightest should have every opportunity to pursue publicly funded research. Grant competitions must be publicly announced with accessibility to apply for all who qualify; this transparent and open process maximizes the potential for the best and most impactful work to be completed, ultimately yielding maximum benefit for American youth and families.

Section 200.432: Conference Attendance, Scientific Exchange, and Workforce Development

AACAP is particularly concerned about proposed restrictions on the allowability of conference attendance and travel costs. Scientific meetings are not ancillary activities; they are a core component of translating advances in research into changes in clinical practice through continuing education of the child psychiatric workforce. Conferences provide essential opportunities for investigators to present findings, receive feedback, establish collaborations, develop multicenter studies, and accelerate the translation of research into clinical practice. Annual scientific meetings integrate activities that promote engagement across investigators, clinicians from multiple disciplines, child advocates, family members, and youth to stimulate the exchange of ideas that are critical to ensure the relevance of child psychiatric research and practical application to clinical practice.

Restrictions on conference attendance would disproportionately affect early-career investigators, trainees, clinician-scientists, and researchers from smaller institutions who rely on scientific meetings to build professional networks and establish independent research careers. Such restrictions may also undermine efforts to diversify the biomedical research workforce by creating additional barriers for investigators from underrepresented backgrounds. The resulting reduction in collaboration and scientific exchange would slow innovation and diminish the return on federal investments in child and adolescent mental health research.

Child and adolescent psychiatry remains an area in which the need for evidence-based interventions substantially exceeds available resources. Child psychiatric research spans translational science from discovering signals for biologic mechanisms to reduce the clinical heterogeneity of complex neurodevelopmental disorders (e.g., autism), to efficacious treatments that integrate evidence-based therapies and medications, to

improving the precision of identification of mutable targets to improve access and quality of child mental health care. Sustained, two-way communication between investigators, mental health agency leaders, clinical administrators, clinicians, patients, and their families as well as professionals who care for children in community settings (education, foster care, juvenile justice) is essential to accelerate application of advances in science to real world clinical practice. Policies that reduce opportunities for scientific collaboration, dissemination, and professional development risk slowing progress at a time when rates of child psychiatric disorders and suicide remain elevated and the nation faces persistent shortages in the child and adolescent mental health workforce.

AACAP is concerned about proposals that may limit or discourage researchers' participation in public communication, stakeholder engagement, and dissemination activities. Child and adolescent mental health research addresses issues of urgent public importance, including suicide prevention, youth substance use, autism, eating disorders, anxiety, depression, trauma, and the effects of social media and technology on youth development. Effective communication of scientific findings to clinicians, families, educators, policymakers, and the public is an essential component of translating federally funded research into meaningful improvements in child and adolescent health. In child and adolescent psychiatry, where the prevalence of mental health disorders among youth continues to pose significant public health challenges, delays in dissemination may have direct consequences for the quality and timeliness of care available to children and families.

Modern scientific communication extends beyond traditional academic publications and increasingly includes digital platforms, social media, webinars, podcasts, and other public-facing educational activities. These channels allow researchers to rapidly disseminate evidence-based information, counter misinformation, engage underserved communities, and increase participation in research. Any policy that could be interpreted as restricting or disincentivizing these activities risks reducing the public health impact of federally funded research and limiting the ability of researchers to fulfill their responsibilities to patients, families, and communities. AACAP encourages the Office of Management and Budget (OMB) to explicitly recognize that appropriate scientific communication and public engagement activities, including responsible use of digital and social media platforms for research dissemination and recruitment, are legitimate and valuable components of federally funded research.

Section 200.454: Memberships, Subscriptions, and Professional Activity Costs

AACAP is also deeply concerned about the proposed revisions to §200.454 that would make professional society memberships and subscriptions allowable only when deemed necessary to fulfill award requirements and only with prior written approval from a federal agency. The proposal would also restrict support for subscriptions and other professional activities that are currently recognized as legitimate components of scientific and professional work. While the stated goal may be to improve oversight and reduce unnecessary expenditures, the proposed language does not adequately recognize the essential role that professional societies and scientific literature play in the conduct of federally funded research and the translation of research into public benefit.

In child and adolescent mental health research, professional organizations are not ancillary to the work. They provide the infrastructure through which research findings are disseminated, collaborations are formed, standards are developed, trainees are educated, and evidence-based care is advanced. Membership in organizations such as AACAP provides access to scientific meetings, clinical practice guidelines, educational resources, collaborative networks, and opportunities to develop and validate outcome measures that directly influence the quality of federally funded research. Restricting support for these activities would disproportionately affect early-career investigators, clinician-scientists, and researchers at resource-limited institutions. It would also slow the translation of research findings into clinical practice at a time when the United States is facing an unprecedented youth mental health crisis, as mentioned above. Children and families benefit when researchers remain connected to the broader scientific community; they are harmed when barriers are erected between researchers and the professional ecosystems that facilitate innovation and dissemination.

The proposed requirement for prior agency approval would create substantial administrative burden while providing little demonstrable benefit. Determining whether a professional membership is "necessary" to fulfill award requirements is inherently subjective and likely to be interpreted inconsistently across agencies and programs. Scientific discovery depends on ongoing engagement with evolving evidence, emerging methods, and interdisciplinary collaborations that cannot always be anticipated at the time a grant is awarded. Limiting support for professional memberships and subscriptions risks isolating researchers from the very scientific communities that enable rigorous, efficient, and impactful federally funded research.

OMB should explicitly recognize that participation in scientific and professional societies, access to scholarly literature, and engagement in professional activities are legitimate and often essential components of federally funded research. Preserving these supports will strengthen the research workforce, accelerate scientific progress, and ultimately improve outcomes for children, adolescents, and families who depend on advances in mental health care.

Section 200.461: Publication and Printing Costs

We are deeply concerned about the proposed revision to §200.461, which would make publication costs generally unallowable unless specifically required by statute or approved in advance on a case-by-case basis. Publication is not a discretionary activity that occurs after research is completed; it is the mechanism through which federally funded research fulfills its public purpose. The proposed revision effectively separates knowledge generation from knowledge dissemination, treating publication as an optional expense rather than an essential component of the scientific process. This approach is inconsistent with longstanding federal goals to maximize the accessibility, transparency, and public benefit of taxpayer-funded research.

The consequences for child and adolescent mental health research would be substantial. The United States is facing an ongoing youth mental health crisis characterized by rising rates of depression, anxiety, self-harm, suicide, and psychiatric hospitalization. Federal agencies invest hundreds of millions of dollars annually to better understand these conditions and develop effective interventions. Yet those investments only improve outcomes when findings are rapidly disseminated and translated into practice. Practicing physicians rely on recently published evidence to make treatment decisions for vulnerable children and adolescents. Editors see firsthand how publication transforms research from isolated findings into actionable knowledge. Delays, barriers, or uncertainty surrounding publication funding will disproportionately affect early-career investigators, multidisciplinary teams, and studies focused on underserved populations. Most importantly, they will slow the flow of evidence into the hands of clinicians and families who urgently need it.

The impact extends beyond researchers and journals. Parents seeking evidence-based treatments, pediatricians managing mental health concerns in primary care settings, school systems implementing prevention programs, and policymakers allocating resources all depend on access to current scientific evidence. Every unpublished or delayed study represents a lost opportunity to improve care. Taxpayers fund research because they expect discoveries to advance health and well-being. Publication is the

mechanism by which society receives its return on that investment. Restricting publication costs risks creating a system in which scientific findings exist but remain inaccessible, undiscoverable, or delayed, undermining the very purpose of federal research funding.

OMB should explicitly recognize publication, public dissemination, and public access activities as integral components of federally funded research rather than discretionary expenditures. Scientific publication is not merely an administrative endpoint; it is the bridge between discovery and improved health outcomes. For children, adolescents, and families facing mental illness, that bridge is essential.

Section 200.205: Review of Grants

Section 200.205 would significantly disrupt the continuity of scientific research, particularly longitudinal studies that are essential to understanding child and adolescent development over time. Such research allows child and adolescent psychiatrists to identify risk and protective factors, evaluate the long-term effectiveness of interventions, and better understand the developmental trajectories of mental health conditions. The Adolescent Brain Cognitive Development (ABCD) Study, an NIH-funded initiative following more than 11,000 children over time, exemplifies the importance of sustained investment. Findings from this study have already yielded critical insights, including the relationship between sleep and suicidal ideation and the protective role of parenting in mitigating depression. Research of this scope and impact would be jeopardized under a system that creates funding instability or political interference. Without longitudinal studies, our ability to identify early warning signs and effective interventions for substance use, depression, suicidality, and other mental health conditions, would be severely compromised.

Equally concerning, Section 200.205 would permit political appointees to override the peer review process, thereby undermining the integrity of scientific funding decisions. This shift would expose research priorities to political and commercial pressures rather than scientific merit. Industries with significant lobbying power—such as e-cigarette manufacturers, the cannabis industry, and certain sectors of the healthcare industry—could exert undue influence over which studies receive funding. Likewise, research that may challenge influential industries, such as studies examining the mental health impact of social media, could be deprioritized. American children deserve rigorous, unbiased scientific inquiry that prioritizes their well-being above political or commercial interests.

In light of the concerns outlined above, AACAP respectfully urges the agency to rescind the proposed Federal Financial Assistance Rule in its entirety. The mental health needs of children, adolescents, and their families must remain a national priority, supported by stable, evidence-based funding mechanisms free from political influence. Should you have

follow-up questions on the comments provided here, you may reach out to Karen Ferguson, Deputy Director of Clinical Practice, at kferguson@aacap.

Thank you for your consideration of our comments, and for your continued commitment to the well-being of America's youth.

Sincerely,

John T. Walkup, MD
President