

The Proposed U.S. Office of Management and Budget Uniform Guidance Revisions: Implications for Scientific Integrity and HIV Research

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Abstract

Federal investment in HIV research has transformed HIV from a fatal disease into a manageable chronic condition through advances in prevention, treatment, implementation, and care. On May 29, 2026, the U.S. Office of Management and Budget proposed revisions to the Uniform Guidance governing federal financial assistance that could influence how federally funded HIV research is reviewed, awarded, and sustained. This commentary examines the proposed revisions from the perspective of the Association of Nurses in AIDS Care (ANAC), emphasizing the importance of scientific integrity, independent peer review, and sustained federal investment in advancing HIV research and improving health outcomes. HIV research demonstrates that long-term, community-engaged, interdisciplinary science has produced substantial public health benefits across the lifespan. ANAC supports responsible stewardship of federal resources while urging policymakers to preserve the scientific principles that have enabled decades of progress in HIV prevention, treatment, and care.

Key words: federal research policy, HIV research, nursing research, peer review, policy, scientific integrity

The scientific response to HIV represents one of the greatest public health achievements of the past half century. Over the past four decades, sustained investment in HIV research has transformed a fatal disease into a manageable chronic condition, with remarkable advances in prevention, treatment, and quality of life. These advances include effective biomedical prevention through preexposure prophylaxis; near elimination of perinatal HIV transmission in many settings; an expanding array of treatment options, including long-acting antiviral therapies that can dramatically improve life expectancy and prevent sexual transmission of HIV through sustained viral suppression (Undetectable = Untransmittable [U = U]); and continued progress

toward an HIV cure (National Institutes of Health [NIH], 2021; Joint United Nations Programme on HIV/AIDS [UNAIDS], 2024).

These advances were made possible through sustained federal investment in rigorous research and enduring collaboration among scientists, clinicians, nurses, public health professionals, community organizations, people living with HIV, and the diverse communities disproportionately affected by HIV. Together, these efforts created the scientific foundation that transformed HIV prevention, treatment, and outcomes. As the leading professional organization for nurses involved in HIV prevention, care, research, and policy, the Association of Nurses in AIDS Care (ANAC) has long supported the scientific enterprise that has driven these advances. This commentary examines the U.S. Office of Management and Budget's (OMB) proposed revisions to the Uniform Guidance governing federal financial assistance and considers their potential implications for scientific integrity and the federally funded HIV research enterprise that has driven progress in HIV prevention, treatment, and care.

These achievements spanned multiple U.S. presidential administrations and congressional majorities. For more than four decades, the nation's HIV research efforts have been guided by scientific merit, independent peer review, and sustained federal investment rather

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than shifting political priorities. This continuity enabled investigators to pursue complex research questions, build enduring community partnerships, educate generations of researchers and clinicians, and translate discoveries into clinical practice.

On May 29, 2026, the U.S. OMB proposed revisions to the Uniform Guidance governing federal financial assistance. The revisions would retain agency merit review while expanding the role of senior appointees or designees in reviewing discretionary awards before they are issued. The proposed revisions also broaden agency authority related to discretionary funding decisions. Because long-term HIV research relies on stable funding, independent peer review, and enduring community partnerships, these proposed revisions warrant careful consideration by the HIV research and clinical community. OMB states that the proposed revisions are intended to strengthen accountability, transparency, and stewardship of federal resources (Office of Management and Budget [OMB], 2026). ANAC supports these goals. However, the history of HIV research demonstrates that scientific excellence, independent peer review, and sustained investment have been essential to the rigor and public health impact of federally funded HIV research (Read et al., 2022).

Protecting the Scientific Foundation of HIV Progress

Few federally supported research programs have produced a greater return on public investment than HIV research (Read et al., 2022). Sustained federal support for basic, clinical, behavioral, nursing, implementation, and community-engaged research has transformed the course of the epidemic (NIH, 2021). Nursing science has been central to translating scientific discoveries into practice through implementation research, patient education, symptom management, adherence support, and community partnerships. These investments have advanced HIV prevention, health care delivery, mental health, and quality of life across the lifespan. Collectively, these discoveries have reduced new HIV infections, improved survival, advanced health equity, and strengthened HIV prevention and care worldwide in support of the goal of ending the HIV epidemic (UNAIDS, 2024; U.S. Department of Health and Human Services [HHS], 2025).

HIV research also illustrates why sustained investment and scientific continuity matter. Many influential advances required decades of investigation, extended participant follow-up, and enduring community partnerships. Landmark studies such as the

Pediatric AIDS Clinical Trials Group Protocol 076, which found that zidovudine could dramatically reduce perinatal HIV transmission (Connor et al., 1994), and the iPrEx trial, which established the effectiveness of preexposure prophylaxis for HIV prevention (Grant et al., 2010), fundamentally changed clinical practice worldwide. These discoveries depended on stable funding and the ability to conduct long-term research. Clinical trials of this magnitude cannot be paused and restarted without consequences for scientific progress and the participants who make that research possible. More broadly, modeling studies have demonstrated that reductions in federal HIV program support could increase HIV incidence and worsen population health outcomes, underscoring the importance of sustained federal investment across the HIV prevention, research, and care continuum (Forster et al., 2025). As policymakers consider revisions to federal grant policy, preserving stable support for long-term HIV research is essential to protecting scientific integrity, sustaining community partnerships, and ensuring continued progress in prevention, treatment, and care.

ANAC's Support for Science and Scholarship

The proposed OMB revisions raise important questions about how federally funded HIV research will be reviewed, funded, and sustained (OMB, 2026). ANAC supports responsible stewardship of public resources and recognizes the importance of accountability and transparency in federal research funding. At the same time, the history of HIV research demonstrates that responsible stewardship is best achieved through rigorous science, independent peer review, merit-based funding decisions, and sustained investment. Preserving these principles is essential to maintaining continued progress in HIV prevention, treatment, and care.

Nurses have witnessed the transformation of HIV care firsthand. We have cared for patients through every stage of the epidemic, from an era when HIV was almost universally fatal to one in which people with HIV can expect to live long, healthy lives, build families, and age with dignity. Nurses have played essential roles in research, clinical care, implementation science, community engagement, and advocacy, helping translate scientific discoveries into practice. For nurses, federal research policy is never simply an administrative issue. It directly shapes the evidence that informs prevention, treatment, implementation, and the care of individuals living with and affected by HIV.

ANAC believes that responsible stewardship of federal research funding depends on scientific excellence,

independent peer review, transparency, and merit-based decision making. Accordingly, ANAC urges policy-makers to preserve these principles by maintaining stable investments across the HIV research continuum, promoting interdisciplinary research that includes nursing, and strengthening the research workforce and community partnerships needed to achieve the goals of Ending the HIV Epidemic.

ANAC opposes the proposed OMB revisions insofar as they expand discretionary review beyond independent, merit-based peer review, and urges policymakers to reaffirm the principles that have driven four decades of progress in HIV research: scientific excellence, independent peer review, and sustained federal investment. As policymakers consider revisions to federal grant policy, ANAC urges that these foundational principles remain central to the nation's research enterprise. Protecting the integrity of the research process is an investment in better health, stronger communities, and continued progress toward ending the HIV epidemic.

Disclosures

The authors report no real or perceived vested interests related to this article that could be construed as a conflict of interest.

Statement

The views expressed in this commentary represent those of the authors in their roles as members of the Association of Nurses in AIDS Care and do not necessarily reflect the views of their employing institutions.

Author Contributions

All authors on this paper meet the four criteria for authorship as identified by the International Committee of Medical Journal Editors; all authors contributed to the conception and development of this commentary, drafted or critically reviewed the manuscript, approved the final version before submission, and agree to be accountable for all aspects of the work. Specifically, using the CRediT taxonomy, the contributions of each author are as follows: Conceptualization: E. A. Barr, N. Albright, G. R. Abu-Ba'are, M. Yoo-Jeong, S. Bonett, J. De Santis; Resources: N. Albright; Supervision: J. De Santis; Writing—original draft: E. A. Barr, N. Albright; Writing—review and editing: E. A. Barr, N. Albright, G. R. Abu-Ba'are, M. Yoo-Jeong, S. Bonett, J. Schexnayder, J. De Santis.

Key Considerations

- This commentary highlights the potential implications of the U.S. Office of Management and Budget's proposed revisions to federal grant policy for HIV research, nursing science, and the care of people living with and affected by HIV.
- Long-term, community-engaged HIV research depends on stable federal investment, independent peer review, and scientific integrity to generate evidence that improves prevention, treatment, and care.
- Nursing research is essential for translating scientific discoveries into practice through implementation science, patient education, symptom management, adherence support, and community partnerships.
- Changes to the federal research enterprise have downstream implications for the evidence that guides clinical decision making, health care delivery, and outcomes for people living with and affected by HIV.
- Nurses have an important role in advocating for research policies that preserve scientific excellence, strengthen community partnerships, and support continued innovation in HIV prevention, treatment, and care.

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