



September 21, 2026

The Honorable Linda McMahon
Secretary
U.S. Department of Education
400 Maryland Avenue, SW
5th Floor
Washington, DC 20202-3100

Submitted electronically via regulations.gov

RE: Education Department General Administrative Regulations; Docket ID ED-2026-OPEPD-2542; RIN 1875-AA14

Dear Secretary McMahon:

On behalf of the American Academy of Family Physicians (AAFP), representing 124,500 family physicians and medical students across the country, I write in response to the Department of Education's (the Department) [notice of proposed rulemaking](#), *Education Department General Administrative Regulations (EDGAR)*.

The AAFP supports the Department's efforts to improve stewardship of federal funds, reduce unnecessary administrative burden, and ensure that grant programs operate efficiently and transparently. We also recognize the Department's interest in modernizing grant administration and aligning its regulations with broader federal assistance requirements. However, we have significant concerns regarding several provisions of the proposed rule that could reduce transparency, increase funding uncertainty, weaken evidence standards, and create unintended barriers for institutions and programs that help develop the nation's physician workforce. The AAFP encourages the Department to ensure that any final rule preserves rigorous, merit-based grant evaluation processes; maintains transparency and predictability for applicants; and supports the educational institutions, workforce programs, and training initiatives that are essential to addressing current and future physician shortages.

Federal Grants Support the Physician Workforce and Improve Access to Care

Federal education grants support a wide range of institutions and programs that contribute directly to physician workforce development, including medical schools, primary care training initiatives, rural workforce programs, research partnerships, educational innovation projects, and other activities that strengthen the health care workforce. These programs are particularly important in rural and underserved

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communities where physician shortages remain persistent and where educational institutions often rely on federal support to develop, sustain, or expand training opportunities.

The AAFP supports policies that allow federal resources to be administered efficiently and responsibly. At the same time, effective grant administration should promote stability, transparency, and accountability. Institutions operating multi-year workforce and educational initiatives must be able to make long-term commitments regarding faculty recruitment, curriculum development, community partnerships, and trainee support. Regulatory changes that increase uncertainty regarding continued funding, diminish transparency into funding opportunities, or alter the standards used to evaluate grant applications may have negative downstream effects on educational capacity and workforce development. For these reasons, we urge the Department to amend the proposed provisions to ensure they do not undermine the stability or long-term sustainability of institutions and programs that support physician education, training, and [workforce development](#).

Reduced Federal Register Publication Requirements (§ 75.100, § 75.104, § 75.105, § 79.3, § 79.6, and § 79.8)

The Department proposes to eliminate longstanding requirements to publish application notices, annual priorities, maximum award amounts, and certain intergovernmental review information in the Federal Register and instead include that information in application notices and [Grants.gov](#) materials. The Department states that these changes would reduce administrative burden, accelerate publication of funding opportunities, and generate cost savings.

The AAFP appreciates the Department's interest in streamlining notice procedures and improving administrative efficiency. However, we are concerned that the proposed changes may inadvertently reduce transparency and make it more difficult for stakeholders to maintain awareness of evolving Department priorities and funding opportunities. For many applicants, professional associations, educational institutions, workforce organizations, and policy stakeholders, the Federal Register serves as the primary centralized source for monitoring federal regulatory actions and funding announcements across agencies. Unlike individual application notices that may vary from program to program, the Federal Register provides a single, consistent location where stakeholders can identify new opportunities, monitor changes in Department policy, and review grant competition priorities over time.

The AAFP believes that maintaining Federal Register publication of these public materials promotes transparent and accountable access to information. While

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publication through [Grants.gov](https://www.grants.gov) and application notices should continue, we urge the Department to retain Federal Register publication requirements for application notices, annual priorities, maximum award amounts, and intergovernmental review notices.

Competitive Preference for Applicants Charging Lower Indirect Costs (§ 75.228)

The Department proposes to authorize competitive preference for applicants that voluntarily accept indirect cost reimbursement below their negotiated indirect cost rate. The Department states that this proposal is intended to direct a greater share of federal funding toward direct program activities.

The AAFP opposes this proposal. Negotiated indirect cost rates are not arbitrary administrative charges. Rather, they reflect the actual and necessary institutional costs associated with administering federal awards, including compliance systems, financial management, facilities, technology infrastructure, grants administration, reporting, auditing, and other activities required to ensure the responsible stewardship of federal funds.

Providing competitive preference based on voluntary reductions in indirect cost recovery may [disadvantage institutions](#) with fewer administrative resources, including smaller colleges and universities, rural-serving institutions, community-based organizations, and institutions operating in underserved areas. Many such organizations operating in communities of significant need lack the financial flexibility to absorb unreimbursed administrative costs and may therefore be less competitive under this framework despite having strong project designs and positive demonstrated workforce impacts.

The AAFP is particularly concerned about the potential impact on programs that support physician workforce development and training in rural and underserved communities. Institutions operating these programs frequently face resource constraints and depend on full recovery of negotiated indirect costs to sustain federal grant participation. Competitive preference based on reduced indirect costs could unintentionally discourage participation by organizations whose programs are most closely aligned with federal workforce objectives. Federal grant competitions should prioritize project quality, demonstrated need, institutional capability, and the likelihood of achieving program outcomes. The AAFP therefore urges the Department not to finalize § 75.228.

Revised Selection Criteria (§ 75.210)

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The Department proposes extensive revisions to the discretionary grant selection criteria used to evaluate grant applications. These changes would affect factors related to workforce shortages, career outcomes, personnel development, sustainability, participant selection, institutional capacity, and evidence-based practices.

The AAFP supports certain aspects of the proposal, particularly the increased emphasis on workforce shortages, preparation of high-quality personnel, institutional sustainability, and long-term project impact. Educational programs that prepare physicians and other health professionals play a critical role in addressing national workforce needs, and grant evaluation criteria should appropriately recognize these contributions. However, the AAFP encourages the Department to ensure that grant selection criteria continue to prioritize demonstrated need, program quality, institutional capacity, and workforce outcomes rather than factors that may unintentionally disadvantage programs serving rural, underserved, or medically vulnerable populations. [Family medicine training programs](#) often operate in settings where workforce needs are greatest but institutional resources are comparatively limited. Selection criteria should preserve flexibility to recognize the unique contributions these programs make to physician workforce development and access to care.

Continuation Awards, Unobligated Balances, and Departmental Discretion (§ 75.251, § 75.253)

The Department proposes to expand its authority to consider unobligated balances when determining funding levels and to broaden the information the Secretary may consider when making continuation award decisions. The proposal would also clarify that the Secretary has substantial discretion regarding continuation determinations, award amounts, and timing.

The AAFP recognizes the importance of accountable management of federal resources and agrees that grantees should demonstrate meaningful progress toward project objectives. **Nevertheless, we are concerned that the breadth of discretion contemplated by these provisions could create significant uncertainty for institutions operating multi-year initiatives.** Many workforce development, educational, and training projects necessarily require long planning and implementation periods. Fluctuations in continuation funding, reductions tied to unobligated balances that may have been intentionally reserved for future project activities, or consideration of broad categories of information beyond traditional performance metrics may impede long-term planning and implementation. **The AAFP urges the Department to provide clearer guardrails regarding continuation**

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determinations and to ensure that funding decisions remain grounded in objective performance, compliance, achievement of project goals, and appropriate fiscal stewardship.

Grant Termination Authority (§ 75.901)

The Department proposes to expressly authorize termination of discretionary awards "for convenience" and to align grant administration more closely with federal procurement contract practices.

The AAFP is concerned that expanded termination authority of discretionary awards may create substantial uncertainty for institutions administering multi-year educational, workforce, research, and training programs. Unlike procurement contracts, federal assistance awards frequently support long-term educational and workforce development efforts whose benefits accrue over multiple years. Programs supporting physician education, workforce expansion, faculty development, research, and community partnerships often require sustained investment and predictable funding in order to achieve intended outcomes.

The AAFP urges the Department to significantly narrow the proposed termination authority and limit discretionary terminations in this proposed rule to circumstances involving noncompliance, statutory conflict, inability to perform, or similarly defined conditions supported by an objective factual basis. The possibility of termination for convenience – absent recipient noncompliance, performance failure, or statutory conflict – may make it more difficult for grant recipients to recruit personnel and undertake long-term program planning. These concerns would be particularly significant for workforce development initiatives designed to address persistent shortages in rural and underserved communities.

Evidence Standards and Evidence Framework Definitions (Part 77)

The Department proposes revisions to the definitions of strong evidence, moderate evidence, promising evidence, experimental studies, quasi-experimental studies, and related terms. The proposal would remove exclusive reliance on What Works Clearinghouse reviews and establish a broader "evidence framework" through which evidence standards may be assessed.

The AAFP [strongly supports](#) the use of rigorous evidence in federal grantmaking and shares the Department's goal of ensuring that funded projects are informed by credible research and meaningful evaluation. However, we are concerned that the proposed revisions may introduce ambiguity regarding how evidence quality will be

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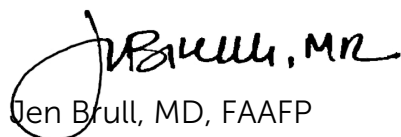
assessed and who will ultimately determine whether evidence meets required standards. **While flexibility can be valuable, it should not come at the expense of methodological rigor, transparency, consistency, or reviewer expertise.**

We strongly urge the Department to maintain strong and clearly defined evidence standards; preserve transparency regarding evidence review processes; and ensure that evidence determinations are conducted by reviewers with appropriate methodological expertise. Evidence standards play a critical role in ensuring that federal funds support interventions that are most likely to improve outcomes. For educational, workforce development, and health professions training programs, reliance on rigorous evidence helps ensure that limited resources are directed toward activities with demonstrated effectiveness. **The final rule should clearly articulate the criteria and procedures that will be used to assess evidence quality and must avoid changes that would reduce the rigor of evidence review.**

Conclusion

Thank you for the opportunity to provide written comments on these important proposed changes to the EDGAR and the potential impact on primary care access in the U.S. The AAFP supports the Department's goals of responsibly stewarding federal funds and modernizing grant administration, and we urge the Department to ensure these final regulations preserve transparency, maintain rigorous evidence standards, support objective and merit-based award processes, and provide the stability necessary for long-term educational and workforce development initiatives. The AAFP remains committed to working with the Department and other stakeholders to advance policies that strengthen the physician workforce and improve access to high-quality primary care for patients and communities across the country. For more information or questions, please contact Mandi Neff, Senior Strategist, Federal Policy and Regulatory Affairs, at mneff2@aafp.org.

Sincerely,

A handwritten signature in black ink, reading "Jen Brull, MD". The signature is fluid and cursive, with the first name "Jen" and last name "Brull" clearly legible, followed by "MD".

Jen Brull, MD, FAAFP
Board Chair

American Academy of Family Physicians