

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., *et al.*,
Defendants.

Case No. 8:25-cv-2751-BAH

PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION

Pursuant to Federal Rule of Civil Procedure 65, and for the reasons set forth in the accompanying memorandum, Plaintiffs the Society of General Internal Medicine (SGIM) and the North American Primary Care Research Group (NAPCRG) hereby move for a preliminary injunction enjoining Defendants to restart the grantmaking activity of the Agency for Healthcare Research and Quality (AHRQ). AHRQ, a component of the Department of Health and Human Services (HHS), is tasked by statute with spending substantial annual appropriations, including through external grants, on research to improve healthcare quality, safety, and efficacy, and with conducting peer review of applications for such external grants. Defendants—Secretary of Health and Human Services Robert F. Kennedy, Jr., HHS, AHRQ Director Roger D. Klein, and AHRQ—violated those clear commands by halting AHRQ grantmaking. In halting AHRQ's grantmaking activity, Defendants have refused to process or consider pending grant applications and declined to obligate appropriated funds that are set to expire on September 30, 2025. To avoid irreparable harm to their members with pending grant applications, as well as to Plaintiff NAPCRG, while the

Court considers the case, Plaintiffs seek a preliminary injunction that would (1) require Defendants to restart the review of AHRQ grant applications and the award of grants using AHRQ's appropriated funds; (2) order that Defendants make all fiscal year 2025 grant funds available for obligation; and (3) extend the date that AHRQ's fiscal year 2025 appropriated funds are available for obligation throughout the pendency of this litigation.

At approximately 11:55 AM on August 21, 2025, counsel for Plaintiffs emailed the Director and Deputy Director for the Federal Programs Branch of the Department of Justice and the Chief of the Civil Division of the U.S. Attorney's Office for the District of Maryland to provide them with electronic copies of the complaint, motion for a preliminary injunction, and accompanying memorandum, declarations, and proposed order via e-mail before completing this electronic filing.

Dated: August 21, 2025

Respectfully submitted,

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**MEMORANDUM OF LAW IN SUPPORT OF
PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION**

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TABLE OF CONTENTS

Table of Authorities ii

Introduction..... 1

Background..... 2

 A. AHRQ’s public health mandate..... 2

 B. Defendants’ stalling of AHRQ’s grantmaking activities..... 5

 C. Harm to Plaintiffs and the public..... 8

Legal Standards..... 10

Argument 10

 I. Plaintiffs are likely to succeed on the merits..... 11

 A. Plaintiffs have shown a substantial likelihood of standing..... 11

 B. Plaintiffs are likely to succeed on the merits of their claims. 14

 1. Defendants’ halt of AHRQ’s grantmaking function is reviewable final
 agency action. 14

 2. Defendants’ cessation of AHRQ’s grantmaking function is contrary to the
 Public Health Service Act and governing regulations. 16

 3. Defendants’ cessation of AHRQ’s grantmaking function violates appropriations
 statutes. 16

 4. Defendants’ cessation of AHRQ’s grantmaking function is arbitrary
 and capricious. 19

 5. Defendants have unreasonably delayed decisions on Plaintiffs’ members’ AHRQ
 grant applications. 21

 II. Plaintiffs will suffer irreparable harm absent a preliminary injunction. 26

 III. The balance of the equities and the public interest support a preliminary injunction..... 27

 IV. The Court should grant the relief requested in this motion..... 29

Conclusion 30

TABLE OF AUTHORITIES

Cases

Adams v. Califano,
474 F. Supp. 974 (D. Md. 1979)..... 16

Afghan & Iraqi Allies v. Blinken,
103 F.4th 807 (D.C. Cir. 2024)..... 25

Ass’n of American Railroads v. Hudson,
144 F.4th 582 (4th Cir. 2025). 13

Ass’n of Community Cancer Centers v. Azar,
509 F. Supp. 3d 482 (D. Md. 2020)..... 12, 14

Bennett v. Spear,
520 U.S. 154 (1997)..... 14

Biden v. Texas,
597 U.S. 785 (2022)..... 15

C.G.B. v. Wolf,
464 F. Supp. 3d 174 (D.D.C. 2020)..... 27

Cabrera v. U.S. Department of Labor,
No. 25-cv-1909-DLF, 2025 WL 2092026 (D.D.C. July 25, 2025). 27

Campaign Legal Center v. FEC,
No. 20-cv-0809-ABJ, 2021 WL 5178968 (D.D.C. Nov. 8, 2021)..... 25

Child Trends, Inc. v. U.S. Department of Education,
No. 25-cv-1154-BAH, 2025 WL 1651148 (D. Md. June 11, 2025)..... 11, 14, 27

City of Houston v. HUD,
24 F.3d 1421 (D.C. Cir. 1994)..... 30

City of New Haven v. United States,
634 F. Supp. 1449 (D.D.C. 1986)..... 18

City of New York v. U.S. Department of Defense,
913 F.3d 423 (4th Cir. 2019) 15

Connecticut v. Schweiker,
684 F.2d 979 (D.C. Cir. 1982)..... 30

Defy Ventures, Inc. v. U.S. Small Business Administration,
469 F. Supp. 3d 459 (D. Md. 2020)..... 30

DHS v. Regents of the University of California,
591 U.S. 1 (2020)..... 19, 20

Franklin v. Massachusetts,
505 U.S. 788 (1992)..... 14

Friends of the Earth, Inc. v. Laidlaw Environmental Services, Inc.,
528 U.S. 167 (2000)..... 11

Gomez v. Trump,
485 F. Supp. 3d 145 (D.D.C. 2020)..... 12

Gonzalez v. Cuccinelli,
985 F.3d 357 (4th Cir. 2021) 23

Goodluck v. Biden,
104 F.4th 920 (D.C. Cir. 2024)..... 30

Guilford College v. Wolf,
No. 1:18-cv-891, 2020 WL 586672 (M.D.N.C. Feb. 6, 2020) 29

Healthy Teen Network v. Azar,
322 F. Supp. 3d 647 (D. Md. 2018)..... 16

Humane Society of the United States v. Hodel,
840 F.2d 45 (D.C. Cir. 1988)..... 13

In re Aiken County,
725 F.3d 255 (D.C. Cir. 2013)..... 17

In re Barr Laboratories,
930 F.2d 72 (1991)..... 25

In re Core Communications, Inc.,
531 F.3d 849 (D.C. Cir. 2008)..... 23

Independent Equipment Dealers Ass’n v. EPA,
372 F.3d 420 (D.C. Cir. 2004)..... 14

Janay v. Blinken,
743 F. Supp. 3d 96 (D.D.C. 2024)..... 23

Joshua v. Jaddou,
No. 1:24-cv-00667-JRR, 2025 WL 449001 (D. Md. Feb. 10, 2025),..... 23

L’Association des Américains Accidentels v. U.S. Department of State,
633 F. Supp. 3d 74 (D.D.C. 2022)..... 13

League of Women Voters of North Carolina v. North Carolina,
769 F.3d 224 (4th Cir. 2014) 10, 27

League of Women Voters v. Newby,
838 F.3d 1 (D.C. Cir. 2016) 27

Lincoln v. Vigil,
508 U.S. 182 (1993)..... 16

Lovo v. Miller,
107 F.4th 199 (4th Cir. 2024). 21

Lujan v. National Wildlife Federation,
497 U.S. 871 (1990)..... 29

Maine Community Health Options v. United States,
590 U.S. 296 (2020)..... 21

Maryland v. Corporation for National & Community Service,
No. 25-cv-1363-DLB, 2025 WL 1585051 (D. Md. June 5, 2025) 14, 15, 27, 28

Mashpee Wampanoag Tribal Council, Inc. v. Norton,
336 F.3d 1094 (D.C. Cir. 2003) 25

Mayor of Baltimore v. Azar,
973 F.3d 258 (4th Cir. 2020) 19

Michigan v. EPA,
576 U.S. 743 (2015)..... 19

Motor Vehicle Manufacturers Ass’n of U.S. v. State Farm Mutual Automobile Insurance Co.,
463 U.S. 29 (1983)..... 19, 20

Mountain Valley Pipeline, LLC v. 6.56 Acres of Land, Owned by Sandra Townes Powell,
915 F.3d 197 (4th Cir. 2019) 26

Murthy v. Missouri,
603 U.S. 43 (2024)..... 11

National Environmental Development Association’s Clean Air Project v. EPA,
752 F.3d 999 (D.C. Cir. 2014)..... 16, 20

National Fair Housing Alliance v. HUD,
No. 25-cv-1965-SLS, 2025 WL 2105567 (D.D.C. July 28, 2025)..... 24, 25, 26, 30

National Federation of Independent Business v. OSHA,
595 U.S. 109 (2022)..... 16

Nken v. Holder,
556 U.S. 418 (2009)..... 10

Norton v. Southern Utah Wilderness Alliance,
542 U.S. 55 (2004)..... 21

Outdoor Amusement Business Ass’n, Inc. v. DHS,
983 F.3d 671 (4th Cir. 2020) 11

People for the Ethical Treatment of Animals v. Tabak,
662 F. Supp. 3d 581 (D. Md. 2023)..... 15

Roe v. Department of Defense,
947 F.3d 207 (4th Cir. 2020) 27

Spirit Airlines, Inc. v. U.S. Department of Transportation,
997 F.3d 1247 (D.C. Cir. 2021)..... 15

Standage v. Braithwaite,
526 F. Supp. 3d 56 (D. Md. 2021)..... 14

Summers v. Earth Island Institute,
555 U.S. 488 (2009)..... 12

Teton Historic Aviation Foundation v. U.S. Department of Defense,
785 F.3d 719 (D.C. Cir. 2015)..... 11, 12

Telecommunications Research and Action Center v. FCC,
750 F.2d 70 (D.C. Cir. 1984)..... 23, 24, 25

U.S. Army Corps of Engineers v. Hawkes Co.,
578 U.S. 590 (2016)..... 14

Village of Bald Head Island v. U.S. Army Corps of Engineers,
714 F.3d 186 (4th Cir. 2013) 15

Wanrong Lin v. Nielsen,
377 F. Supp. 3d 556 (D. Md. 2019)..... 20

White Tail Park, Inc. v. Stroube,
413 F.3d 451 (4th Cir. 2005) 11

Whitman v. American Trucking Ass’ns,
531 U.S. 457 (2001)..... 14

Widakuswara v. Lake,
No. 1:25-cv-0887-RCL, 2025 WL 2159180 (D.D.C. July 30, 2025)..... 17

Winter v. Natural Resources Defense Council, Inc.,
 555 U.S. 7 (2008)..... 10

Statutes

2 U.S.C. § 682..... 23

2 U.S.C. § 683(a) 18

2 U.S.C. § 683(b) 18

2 U.S.C. § 684..... 23

5 U.S.C. § 555(b)..... 22

5 U.S.C. § 706(2) 29

5 U.S.C. § 706(2)(A)..... 19

26 U.S.C. § 9511(a) 5

26 U.S.C. § 9511(b)(4) 5

26 U.S.C. § 9511(d)(2)(C) 5

31 U.S.C. § 1502(a) 23

42 U.S.C. § 299(b)..... 2, 16

42 U.S.C. § 299a(a)..... 2

42 U.S.C. § 299b(b)(1) 3

42 U.S.C. § 299b-1(a)(1) 2

42 U.S.C. § 299b-1(b)..... 3, 16

42 U.S.C. § 299b-1(c)..... 3, 16

42 U.S.C. § 299b-4(b)(1) 2, 9

42 U.S.C. § 299b-34(a)..... 3, 16

42 U.S.C. § 299b-36(e)..... 3, 16

42 U.S.C. § 299b-37(e)..... 3, 5, 16

42 U.S.C. § 299c-1(a)..... *passim*

42 U.S.C. § 299c-1(a)(1)..... 3

42 U.S.C. § 299c-1(a)(2)..... 3

Full-Year Continuing Appropriations Act,
 Pub. L. No. 119-4, 139 Stat. 9 (Mar. 15, 2025) 4, 17, 23

Further Consolidated Appropriations Act,
 Pub. L. No. 118-47, div. D, tit. II, 138 Stat. 460 (Mar. 23, 2024) 4, 17

Healthcare Research and Quality Act of 1999,
 Pub. L. No. 106-129, 113 Stat. 1653 (Dec. 6, 1999) 2, 3

Impoundment Control Act,
 Pub. L. No. 93-344, 88 Stat. 332 (July 12, 1974) 17

Congressional Material

Explanatory Statement, Further Consolidated Appropriations Act 2024 – Division D – Labor,
 Health and Human Services, Education and Related Agencies Appropriations Act, 2024..... 4

H.R. Rep. No. 93-658, *reprinted in* 1974 U.S.C.C.A.N. 3462 18

S. Rep. No. 118-84 (2023)..... 4, 9, 17

Regulatory Material

42 C.F.R. Part 67..... 3

42 C.F.R. § 67.15 6, 12

42 C.F.R. § 67.15(a)(1)..... 4, 15, 16

42 C.F.R. § 67.15(a)(4)..... 4, 15, 16, 22

42 C.F.R. § 67.16 *passim*

42 C.F.R. § 67.16(a)..... 22

42 C.F.R. § 67.16(b) 22

Notice of Meeting, 89 Fed. Reg. 104155 (Dec. 20, 2024)..... 6

Other Authorities

AHRQ, *AHRQ: A Brief History*..... 28

AHRQ, *Health Services Research at AHRQ* 2

AHRQ, *Press Release: AHRQ Announces Historic Funding Opportunities to Establish State-based Solutions to Accelerate Health Care Improvement* (Sept. 9, 2024) 28

GAO, B-337203, *Department of Health and Human Services—National Institutes of Health—Application of Impoundment Control Act to Availability of Funds for Grants* (Aug. 5, 2025)..... 18, 19

HHS Funding Opportunity, *AHRQ Health Services Research Demonstration and Dissemination Grants (R18)* 23

HHS Grants Policy Statement (Apr. 16, 2025)..... 29

HHS, *Agency for Healthcare Research and Quality Fiscal Year 2025 Justification of Estimates for Appropriations Committees* 5, 8, 17

HHS, *HHS Announces Transformation to Make America Healthy Again* (Mar. 27, 2025)..... 5

HHS, *HHS Workforce Optimization Initiative*..... 5

U.S. Senate Health, Education, Labor & Pensions Committee Minority Staff, *Trump’s War on Science* (May 13, 2025) 5

INTRODUCTION

For more than two decades, the Agency for Healthcare Research and Quality (AHRQ) has carried out its congressionally assigned mission of improving the quality, cost-effectiveness, and accessibility of healthcare services. Congress has instructed the agency, a component of the Department of Health and Human Services (HHS), to support research into a wide variety of topics related to that mission. And Congress has consistently provided AHRQ with appropriated funds for it to do so. Consistent with those statutory mandates, the agency has historically operated a robust program of external grantmaking, supporting researchers at universities other institutions seeking to better understand and improve the care that patients receive.

But over the last several months, the Defendants in this case—HHS, Secretary of Health and Human Services Robert F. Kennedy, Jr., AHRQ, and AHRQ Director Roger D. Klein—have halted all grantmaking at the agency. AHRQ has not conducted any peer review of pending grant applications. And in late July, the director of one of AHRQ’s key grantmaking offices publicly conceded that AHRQ’s grantmaking apparatus was not functioning, telling a group of AHRQ grantees via email that the agency is altogether “unable to process grant awards.” Given the upcoming expiration of at least tens of millions of dollars in unspent fiscal year 2025 funds at the end of September, Plaintiffs move for preliminary relief to ensure that AHRQ will carry out its statutory duties to support healthcare research grantmaking before time runs out.

Plaintiffs are two membership organizations of health and medical researchers focusing on issues at the center of AHRQ’s work. Plaintiffs each have members with pending applications for AHRQ grant funding, and one Plaintiff has an application pending, too. All have been left in limbo after Defendants stalled AHRQ’s grantmaking program. Without an answer from AHRQ on their applications, Plaintiffs and their members have had to cancel planned research studies and abandon work that could have improved the delivery of healthcare and patient outcomes. AHRQ’s failure

to process pending grant applications is thus causing Plaintiffs and their members to suffer ongoing irreparable harm, warranting preliminary relief. For the reasons below, the Court should grant the motion, require Defendants to restart AHRQ grantmaking, and order that AHRQ’s fiscal year 2025 funding be available for obligation for grantmaking during the pendency of this litigation.

BACKGROUND

A. AHRQ’s public health mandate

The Healthcare Research and Quality Act of 1999, Pub. L. No. 106-129, 113 Stat. 1653 (Dec. 6, 1999), an amendment to the Public Health Service Act, designated AHRQ as the “principal agency for health care research and quality” in the federal government. 42 U.S.C. § 299b-1(a)(1). AHRQ now serves as the hub for health services research—a field focused on how the health system works, how to support patients and providers in choosing the right care, and how to improve health by improving care delivery. *See* AHRQ, *Health Services Research at AHRQ*.¹

To ensure that AHRQ carries out its mandate, the Public Health Service Act tasks it with “promot[ing] health care quality improvement by conducting and supporting” research on a variety of topics—including healthcare technology, costs, and quality—and developing ways to disseminate those findings to patients, providers, and policymakers. 42 U.S.C. § 299(b). The statute generally authorizes the agency to carry out a grantmaking program to support research “on healthcare and on systems for the delivery of such care,” including research related to “the quality, effectiveness, efficiency, appropriateness, and value of health care services.” *Id.* § 299a(a). And AHRQ’s National Center for Excellence in Primary Care Research is, by statute, “the principal source of funding for primary care practice research” within HHS. *Id.* § 299b-4(b)(1).

The Public Health Service Act requires the agency to operate grantmaking programs

¹ <https://www.ahrq.gov/cpi/about/health-services-research.html>.

focused on certain aspects of the healthcare system. For example, the statute mandates that the HHS Secretary, through AHRQ, provide grants to develop, test, and disseminate new techniques and best practices to ensure that patients understand their medical treatment and can participate in decisions about their care. *Id.* § 299b-36(e). Other parts of the statute similarly require AHRQ to support, via grants, certain projects focused on improving the healthcare system and patient care. *See, e.g., id.* § 299b(b)(1) (instructing agency to “employ research strategies” that link research with clinical practice and contemplating award of grants for same); *id.* § 299b-1(b) (mandating that HHS, acting through AHRQ, fund, via grant, at least one center focusing on therapeutics research); *id.* § 299b-1(c) (requiring AHRQ to “conduct and support research and build private-public partnerships” to “reduc[e] errors” in medicine and “improv[e] patient safety”); *id.* § 299b-34(a) (mandating award of grants or contracts related to quality improvement); *id.* § 299b-37(e) (requiring grant program to train researchers in comparative clinical effectiveness).

AHRQ is required by law to take certain steps to ensure that it processes and evaluates grant applications appropriately. The Public Health Service Act instructs that “[a]ppropriate technical and scientific peer review shall be conducted with respect to each application for a grant” funded by AHRQ. *Id.* § 299c-1(a)(1). The statute then requires that each peer review group “shall report its finding[s] and recommendations regarding” each application to the AHRQ Director. *Id.* § 299c-1(a)(2). AHRQ has also, by regulation, adopted requirements that govern grantmaking. *See* 42 C.F.R. Part 67.² Echoing the statutory requirements, those regulations mandate that “[a]ll applications” for grants, other than for certain small awards, “will be submitted ... for review to a

² These regulations refer to the Agency for Health Care Policy and Research, AHRQ’s predecessor, and that entity’s Administrator. When Congress redesignated the agency as AHRQ in 1999, that legislation clarified that “[a]ny reference[s] in law” to the Agency for Health Care Policy and Research or its Administrator are “deemed to be” references to AHRQ and its Director. Pub. L. No. 106-129, § 928, 113 Stat. at 1670, *codified at* 42 U.S.C. § 299 note.

peer review group,” and that the peer review group “shall make a written report ... on each application.” *Id.* § 67.15(a)(1), (4). In addition, the regulations require that, “[a]fter appropriate peer review,” AHRQ “will evaluate applications recommended for further consideration,” and, on the basis of that evaluation, make a determination as to each application—either “giv[ing] consideration for funding, defer[ring] for a later decision, pending receipt of additional information, or giv[ing] no further consideration for funding.” *Id.* § 67.16.

Congress has appropriated funds for AHRQ to carry out grantmaking. In its most recent continuing resolution, Congress continued AHRQ funding at the same level as it had during the previous fiscal year—ultimately providing AHRQ with \$369 million to carry out all its duties during fiscal year 2025, which ends on September 30. *See* Full-Year Continuing Appropriations Act, Pub. L. No. 119-4, § 1101, 139 Stat. 9, 10–11 (Mar. 15, 2025) (approving appropriation for fiscal year 2025 at unchanged levels unless otherwise noted) (FY 2025 Continuing Resolution); *id.* § 1106, 139 Stat. at 12 (indicating that funds are available through September 30, 2025); Further Consolidated Appropriations Act, Pub. L. No. 118-47, div. D, tit. II, 138 Stat. 460, 661–62 (Mar. 23, 2024) (appropriating funds for fiscal year 2024) (2024 Appropriations Act). As Congress made clear in its last full appropriations cycle, only a small portion of that amount—\$73 million—was to be spent on program support, leaving hundreds of millions to be spent instead on grants and other projects to fund health services research. *See* S. Rep. No. 118-84 at 156 (2023); Explanatory Statement, Further Consolidated Appropriations Act 2024 – Division D – Labor, Health and Human Services, Education and Related Agencies Appropriations Act, 2024 (2024 Explanatory Statement) (indicating that Senate Report 118-84 “is approved and indicates Congressional intent” unless otherwise noted). Congress also specifically directed that at least \$2 million be spent on primary care research. S. Rep. No. 118-84 at 154.

In addition to these annual appropriations, AHRQ receives a substantial mandatory appropriation from the Patient-Centered Outcomes Research (PCOR) Trust Fund—a fund created by the Affordable Care Act and drawn from a tax on insurers. *See* 26 U.S.C. § 9511(a), (b)(4), (d)(2)(C) (creating fund and designating that a portion be used to carry out certain AHRQ functions). AHRQ is required to use some of these funds to “build capacity for comparative clinical effectiveness research” through “a grant program that provides for the training of researchers.” 42 U.S.C. § 299b-37(e). This fiscal year, AHRQ received \$126 million in mandatory funds from the PCOR Trust Fund. *See* HHS, *Agency for Healthcare Research and Quality Fiscal Year 2025 Justification of Estimates for Appropriations Committees* at 10 (FY 2025 Budget Justification).³

B. Defendants’ stalling of AHRQ’s grantmaking activities

Shortly after his confirmation, Defendant Kennedy announced a large-scale reorganization of HHS and substantial cuts to its workforce. *See* HHS, *HHS Announces Transformation to Make America Healthy Again* (Mar. 27, 2025).⁴ On April 1, Secretary Kennedy and HHS (the HHS Defendants) began implementing that reorganization by sending out a mass reduction-in-force, or RIF, notice to thousands of HHS employees, including approximately 123 in AHRQ. *See* U.S. Senate Health, Education, Labor & Pensions Committee Minority Staff, *Trump’s War on Science* at 11 (May 13, 2025).⁵ The affected staff represented over a third of AHRQ’s workforce. *See* FY 2025 Budget Justification at 13. On July 14, 2025, AHRQ staff that received the RIF notice were officially separated from their roles. *See* HHS, *HHS Workforce Optimization Initiative*.⁶

³ <https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/mission/budget/2025/fy2025-cj.pdf>.

⁴ <https://www.hhs.gov/press-room/hhs-restructuring-doge.html>.

⁵ <https://www.sanders.senate.gov/wp-content/uploads/HELP-Committee-Minority-Report-Trumps-War-on-Science.pdf>.

⁶ <https://www.hhs.gov/about/agencies/asa/workforce-optimization-initiative/index.html>.

The HHS Defendants' cuts to AHRQ focused on the agency's grantmaking apparatus. As a result, Defendants have ground its grantmaking process to a halt. AHRQ is refusing to consider grant applications and has stopped processing continuations of previously awarded grants.

More specifically, the HHS Defendants' RIF eliminated essentially all staff from the Office of Extramural Research, Education, and Priority Populations (OEREP), which managed the grant application process, other than that office's director. OEREP staff included the project officers with scientific expertise needed to craft notices of funding opportunities and review and process applications. *See* John Doe #1 Decl. ¶¶ 7–18; John Doe #2 Decl. ¶ 7. OEREP staff played a particularly important role in the peer review process, which AHRQ is required to engage in by both statute and regulation. *See* 42 U.S.C. § 299c-1(a); 42 C.F.R. §§ 67.15–16. AHRQ staff in OEREP convened “study sections” of peer reviewers, arranged section meetings, and shepherded each application through peer review. *See* John Doe #1 Decl. ¶¶ 13–16; John Doe #2 Decl. ¶ 7.

There is significant evidence that, following Defendants' decision to fire all OEREP staffers, the agency is now entirely unable and refusing to process grant applications or issue new awards. As of February 1, 2025, AHRQ's website indicated that its five study sections were set to meet three times this year, with meetings set for May and June. *See* Bass Decl. ¶ 9 & Ex. A. Those meetings were canceled. *See* John Doe #2 Decl. ¶ 12. Moreover, the agency must publish notices of study section meetings in the Federal Register. *See* 5 U.S.C. § 1009(a)(2); *see, e.g.*, Notice of Meeting, 89 Fed. Reg. 104155 (Dec. 20, 2024). That responsibility was previously handled by OEREP, and the agency has not posted any notices over the last five months. *See* John Doe #1 Decl. ¶¶ 16, 21. Without these meetings, AHRQ cannot satisfy its obligation to peer review all applications and also cannot award any new grants, despite Congress giving funds for it to do so.

And, indeed, AHRQ has not done so. The Tracking Accountability in Government Grants

System (TAGGS) database—a publicly available, official source of HHS grants—lists only five “actions” taken on grants in their first year of funding between April 1 and the date of this filing.⁷ But each of those five was tied to an “action amount” of either \$0 or negative dollars—indicating that these do not in fact represent new grant awards. A staffer recently at the agency has confirmed that, through the summer, AHRQ had issued no new grant awards. *See* John Doe #2 Decl. ¶ 13.

Defendants’ RIF also functionally eliminated the Office of Management Services, which housed staff in the Division of Grants Management (DGM) responsible for sending out and managing grant awards. *See* John Doe #1 Decl. ¶¶ 7, 19; John Doe #2 Decl. ¶ 8. DGM staff handled the logistics of all AHRQ grants, including issuing awards and monitoring compliance with HHS regulations and other rules. John Doe #2 Decl. ¶ 8. They also played a key role in ensuring that existing grantees would receive funding in the years after their first award, through non-competing continuation awards. *See* John Doe #2 Decl. ¶ 8. On July 23, the Director of OEREP sent an email to a group of AHRQ grantees for one of the agency’s training-grant programs, who had been awaiting an answer on their applications for continuation awards. *See* Trivedi Decl. ¶ 7. That email stated, “As a result of recent reduction in force at HHS, AHRQ’s grants management staff were

⁷ Those five actions are tied to the following awards: *SCALE-LHS: Synthesize, Coordinate, Amplify, Learn, and Evaluate the AHRQ/PCOR LHS network*, U18HS030335, https://taggs.hhs.gov/Detail/AwardDetail?arg_AwardNum=U18HS030335&arg_ProgOfficeCode=7; *The Effect of Hospital-Physician Vertical Integration on Costs, Quality, and Utilization for Insured Patients with Multiple Chronic Conditions*, R36HS029643, https://taggs.hhs.gov/Detail/AwardDetail?arg_AwardNum=R36HS029643&arg_ProgOfficeCode=7; *Dissemination of a Facilitation Strategy to Deimplement Unnecessary Post-Operative Antibiotics at Children’s Hospitals*, R18HS030070, https://taggs.hhs.gov/Detail/AwardDetail?arg_AwardNum=R18HS030070&arg_ProgOfficeCode=7; *Keck COVID Recovery Clinic Optimal Outcomes for Patients, a Comprehensive Assessment and Management Program*, U18HS029950, https://taggs.hhs.gov/Detail/AwardDetail?arg_AwardNum=U18HS029950&arg_ProgOfficeCode=7; *Improving Cultural Competency Across the Mental Healthcare Delivery Network*, R13HS029604, https://taggs.hhs.gov/Detail/AwardDetail?arg_AwardNum=R13HS029604&arg_ProgOfficeCode=7.

separated from Federal service on July 14, 2025. We are currently unable to process grant awards and are evaluating options for our grant program. With the permanent separat[ion] of these staff, FY2025 funding of non-competing applications is uncertain.” Trivedi Decl. Ex. A.

In short, Defendants have halted AHRQ’s grantmaking activities. Following major cuts to AHRQ staff, the agency has publicly conceded that it no longer has any capacity to operate the grantmaking process required by statute. It is no longer conducting peer review mandated by both statute and regulation. It is no longer making required decisions on grant applications. And it is no longer approving grant awards or obligating any funds that Congress appropriated for that purpose. As a result, Defendants have left researchers with applications for new grants without any ability to compete for grants, and current grantees without access to needed and expected funding.

The cessation of the AHRQ’s grantmaking functions also makes it impossible for the agency to spend anywhere close to the amount Congress appropriated. According to the TAGGS database, the agency has so far obligated only around \$55 million in fiscal year 2025 on grants⁸—less than 40 percent of what it spent out of an identical appropriation last fiscal year, *see* FY 2025 Budget Justification at 16 (reporting that AHRQ spent just over \$139 million out of its annual appropriations on grants). If the agency is not ordered to obligate funds before September 30, or the expiration date is not extended, AHRQ’s 2025 appropriations will expire and the agency will have no way of spending the money Congress instructed it to use to support valuable research.

C. Harm to Plaintiffs and the public

Defendants’ halt of AHRQ grantmaking has harmed members of Plaintiffs the Society of

⁸ To determine this number, Plaintiffs filtered the TAGGS database for awards with “Funding FY” of 2025 and “Operating Division” of AHRQ. *See* <https://taggs.hhs.gov/SearchAward>. That search generated a report cataloguing \$54,827,002 in spending on grants this fiscal year. If anything, this figure likely overstates the amount of AHRQ’s 2025 appropriation that has been spent, as it also includes awards funded by the PCOR Trust Fund.

General Internal Medicine (SGIM) and the North American Primary Care Research Group (NAPCRG). Both Plaintiffs are associations of healthcare researchers who are committed to conducting research intended to improve the quality, safety, and efficacy of the care that patients receive. *See* Bass Decl. ¶¶ 3–7; Katz Decl. ¶¶ 4–6. Both Plaintiffs have members with pending applications for AHRQ grant funding. *See* Bass Decl. ¶ 10–17; Katz Decl. ¶ 10–14; Schnipper Decl. ¶¶ 4–6; Rodriguez Decl. ¶ 6. In addition, NAPCRG has a grant application awaiting peer review. *See* Katz Decl. ¶¶ 7–8. Those members and NAPCRG have been harmed because AHRQ can no longer review applications or award grants, and it is no longer doing so.

Members with applications awaiting peer review have been deprived of critical feedback on their proposals that they would ordinarily expect. *See* Bass Decl. ¶ 12; Katz Decl. ¶ 12. That peer review process can help researchers hone their projects and ensure that they will make useful contributions that improve the provision of healthcare and patient health. *See* Dolber Decl. ¶ 6. Because these members have not had their projects reviewed after months of delay, their research timelines have been substantially set back—regardless of whether they later secure funding from AHRQ or another source. *Id.* With each day that the delay continues, that harm only compounds.

More broadly, NAPCRG and Plaintiffs’ members with pending applications have been injured by the agency’s refusal to review those applications or issue awards using the substantial funds Congress appropriated. These members had been counting on the opportunity to compete for AHRQ funding, including the only pot of federal money specifically designated for primary care research, *see* 42 U.S.C. § 299b-4(b)(1); S. Rep. No. 118-84 at 154. *See* Bass Decl. ¶¶ 8–18, 22; Katz Decl. ¶ 10–15; Schnipper Decl. ¶¶ 5–6; Schulson Decl. ¶¶ 7–9. Again, they have been left without an answer on whether they will receive funding, setting back their research timelines and making it substantially harder for them to embark on important work that could advance their

careers and benefit the patients they seek to serve. Plaintiffs' members seeking continuation funding have been left in a particularly difficult limbo, as they are mid-stream on projects that they had expected AHRQ to fund for the following year or years to come. *See* Bass Decl. ¶¶ 15–18; Linder Decl. ¶ 7. Those projects may not continue without AHRQ funding, leaving researchers with potentially years of wasted work. *See* Bass Decl. ¶ 18; Linder Decl. ¶ 7. Without this court's immediate intervention, Plaintiffs' members will be left without the legally required answer on their applications, and without any prospect of funding out of the agency's FY 2025 appropriation.

The abrupt halt to AHRQ's grantmaking function affects more than just Plaintiffs' members. Though a small part of overall federal spending on healthcare research, AHRQ's grants represented an important investment in studying and improving how patients receive care and how to improve the safety, efficacy, and quality of that care. *See* Bass Decl. ¶¶ 8, 19–23; Katz Decl. ¶ 15. Without this research, patients and the public will be left worse off.

LEGAL STANDARDS

To secure a preliminary injunction, “Plaintiffs must demonstrate that (1) they are likely to succeed on the merits; (2) they will likely suffer irreparable harm absent an injunction; (3) the balance of hardships weighs in their favor; and (4) the injunction is in the public interest. *League of Women Voters of N.C. v. North Carolina*, 769 F.3d 224, 236 (4th Cir. 2014) (citing *Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008)). Where, as here, the government is the opposing party, the last two factors merge. *Nken v. Holder*, 556 U.S. 418, 435 (2009).

ARGUMENT

By halting AHRQ grantmaking, Defendants have abdicated their statutory responsibilities to review grant applications and to spend the funds that Congress appropriated to support research into healthcare quality, patient safety, and other important areas for the functioning of our healthcare system. Because these legal violations have harmed Plaintiffs' members and the public,

and because the public interest is served by requiring Defendants to carry out their statutory grantmaking duties, this Court should grant the motion for a preliminary injunction.

I. Plaintiffs are likely to succeed on the merits.

A. Plaintiffs have shown a substantial likelihood of standing.

A plaintiff seeking a preliminary injunction “must make a clear showing that she is likely to establish each element of standing.” *Murthy v. Missouri*, 603 U.S. 43, 58 (2024) (internal quotation marks omitted). An organizational plaintiff can establish either “associational standing to bring an action in federal court on behalf of its members” or “standing to bring suit on its own behalf when it seeks redress for an injury suffered by the organization itself.” *White Tail Park, Inc. v. Stroube*, 413 F.3d 451, 458 (4th Cir. 2005) (internal citations and quotation marks omitted). Both Plaintiffs have associational standing, and NAPCRG also has organizational standing.

1. “An association has associational standing when at least one of its ‘identified’ members ‘would otherwise have standing to sue in their own right, the interests at stake are germane to the organization’s purpose, and neither the claim asserted nor the relief requested requires the participation of individual members in the lawsuit.’” *Outdoor Amusement Bus. Ass’n, Inc. v. DHS*, 983 F.3d 671, 683 (4th Cir. 2020) (quoting *Friends of the Earth, Inc. v. Laidlaw Envtl. Servs., Inc.*, 528 U.S. 167, 181 (2000)). Plaintiffs satisfy all three prongs of this test.

Plaintiffs each have members with pending grant applications injured by Defendants’ unlawful halt of AHRQ’s grantmaking. *See* Bass Decl. ¶¶ 10–18; Katz Decl. ¶¶ 10–14; Linder Decl. ¶¶ 6–7; Schnipper Decl. ¶ 6; Schulson Decl. ¶¶ 6–9. The “loss of an *opportunity to pursue a benefit*” constitutes “a constitutionally cognizable injury.” *Teton Historic Aviation Found. v. U.S. Dep’t of Def.*, 785 F.3d 719, 724 (D.C. Cir. 2015); *see also Child Trends, Inc. v. U.S. Dep’t of Educ.*, No. 25-cv-1154-BAH, 2025 WL 1651148, at *10 (D. Md. June 11, 2025) (recognizing that “the loss of the right to bid ... appears to register as an injury for Article III standing purposes”).

Plaintiffs' members with pending applications have been deprived of the opportunity to compete for AHRQ funding. That injury is caused by Defendants' cessation of AHRQ's grant review process. And although any given member is not guaranteed to receive a grant, the injury is redressable by an order requiring AHRQ to restart review. *See Teton*, 785 F.3d at 726.

In addition, Plaintiffs' members are injured by Defendants' violation of their procedural right to a decision on their grant applications. "While violation of a procedural right '*in vacuo*' is insufficient by itself to confer Article III standing, a procedural injury that is tethered to some 'concrete interest' adversely affected by the procedural deprivation is sufficient." *Ass'n of Cmty. Cancer Centers v. Azar*, 509 F. Supp. 3d 482, 492 (D. Md. 2020) (quoting *Summers v. Earth Island Inst.*, 555 U.S. 488, 496 (2009)). Here, under applicable statutes and regulations, Plaintiffs' members who have applied for AHRQ grant funding are entitled to peer review and an ultimate decision on their applications. *See* 42 U.S.C. § 299c-1(a); 42 C.F.R. §§ 65.15–16. The delay and functional denial of their applications is tethered to the members' concrete interest in competing for and potentially receiving funding from AHRQ. *See* Bass Decl. ¶¶ 8–18; Katz Decl. ¶¶ 10–14; Schnipper Decl. ¶ 6; Schulson Decl. ¶¶ 6–9. These members have thus been injured by Defendants' "withholding of statutorily mandated, non-discretionary review" of their applications. *Gomez v. Trump*, 485 F. Supp. 3d 145, 171 (D.D.C. 2020). As above, that injury is caused by Defendants' halt of all grant review and would be redressed by relief requiring the agency to restart application processing. *See id.* at 172 (explaining that plaintiff "need only demonstrate that the relief she requests *could* better protect her concrete interest in the adjudication of her ... application").

As to the second prong, each Plaintiff's mission is to promote research into health services, health quality, primary care, or other areas at the center of AHRQ's statutory mandate. *See* Bass Decl. ¶ 4; Katz Decl. ¶ 4. Each organization also focuses on securing federal support for the kind

of research that their members have proposed to do in pending applications. *See* Bass Decl. ¶¶ 5–7; Katz Decl. ¶ 5. That easily satisfies the “undemanding” test for germaneness, which requires “mere pertinence between litigation subject and organizational purpose.” *Humane Soc. of the U.S. v. Hodel*, 840 F.2d 45, 58 (D.C. Cir. 1988); *see, e.g., L’Association des Américains Accidentels v. U.S. Dep’t of State*, 633 F. Supp. 3d 74, 79 (D.D.C. 2022) (holding that association with mission of protecting interests of American citizens abroad had standing to bring unreasonable delay claim on behalf of members with stalled applications for renunciation of citizenship).

Finally, individual participation of Plaintiffs’ members is not required. Plaintiffs challenge an across-the-board stop to grantmaking at AHRQ, which does not require individual members to “come forward as parties with particularized proof.” *Ass’n of Am. Railroads v. Hudson*, 144 F.4th 582, 592 (4th Cir. 2025). And they request prospective, injunctive relief requiring Defendants to restart AHRQ’s legally required grantmaking activities, not damages or other remedies that would require individualized evidence or calculations. *Id.* at 590.

2. For similar reasons, NAPCRG also has standing in its organizational capacity to challenge Defendants’ cessation of AHRQ’s grant-review process, which has left NAPCRG without an answer on its own pending grant application. For more than a decade, NAPCRG has received funding from AHRQ to support an annual conference for practice-based research networks (PBRNs), an innovative mechanism for bringing the latest research evidence to bear on the care that patients receive. Katz Decl. ¶ 7. AHRQ is required by statute to support “research strategies and mechanisms,” like PBRNs, that link research directly with clinical practice. *See* 42 U.S.C. § 299b(b)(1). NAPCRG currently has an application pending for a grant that would support this conference for 2026, 2027, and 2028. Katz Decl. ¶ 8. But that application has not yet been peer reviewed, and NAPCRG is currently unable to receive any response. *Id.* As above, NAPCRG

is injured because it is unable to compete for AHRQ funding, and it has been deprived of the legally required answer on its application. *See Child Trends, Inc.*, 2025 WL 1651148, at *10; *Ass'n of Cmty. Cancer Centers*, 509 F. Supp. 3d at 492.

B. Plaintiffs are likely to succeed on the merits of their claims.

1. Defendants' halt of AHRQ's grantmaking function is reviewable final agency action.

The Administrative Procedure Act (APA) provides for judicial review of final agency action. 5 U.S.C. § 704. Under the APA, “‘agency action’ includes the whole or a part of an agency rule, order, license, sanction, relief, or the equivalent or denial thereof, or failure to act.” 5 U.S.C. § 551(13). This definition “undoubtedly has a broad sweep,” and “is meant to cover comprehensively every manner in which an agency may exercise its power.” *Maryland v. Corp. for Nat'l & Cmty. Serv.*, No. 25-cv-1363-DLB, 2025 WL 1585051, at *12 (D. Md. June 5, 2025) (quoting *Indep. Equip. Dealers Ass'n v. EPA*, 372 F.3d 420, 427 (D.C. Cir. 2004) and *Whitman v. Am. Trucking Ass'ns*, 531 U.S. 457, 478 (2001)). An agency action is final if it “mark[s] the consummation of the agency's decisionmaking process” and is “one by which rights or obligations have been determined, or from which legal consequences will flow.” *Bennett v. Spear*, 520 U.S. 154, 177–78 (1997) (internal quotation marks omitted). Courts take a “pragmatic” approach to finality. *U.S. Army Corps of Eng'rs v. Hawkes Co.*, 578 U.S. 590, 599 (2016). “The core question is whether the agency has completed its decisionmaking process, and whether the result of that process is one that will directly affect the parties.” *Standage v. Braithwaite*, 526 F. Supp. 3d 56, 87 (D. Md. 2021) (quoting *Franklin v. Massachusetts*, 505 U.S. 788, 797 (1992) (plurality op.)).

The halting of all AHRQ grantmaking constitutes final agency action. Grantmaking has stopped entirely, with both legal and practical effect. This halting has limited applicants' ability to enter into new grant agreements with the agency. *See Spirit Airlines, Inc. v. U.S. Dep't of Transp.*,

997 F.3d 1247, 1252 (D.C. Cir. 2021) (holding that agency action is final where it “limits or defeats a party’s ability to enter into an advantageous ... arrangement”). And it has prevented remaining agency staff from carrying out the process as set out by statute. *See Biden v. Texas*, 597 U.S. 785, 802 (2022) (agency action is final where it binds agency “staff by forbidding them to continue [a] program”). Further, the halt of AHRQ grantmaking had an “immediate and practical impact” on Plaintiffs and their members, *City of New York v. U.S. Dep’t of Def.*, 913 F.3d 423, 431 (4th Cir. 2019), because they can no longer receive an answer on their applications or compete for available funds. *See Corp. for Nat’l & Cmty. Serv.*, 2025 WL 1585051, at *14 (recognizing that the closure of AmeriCorps was final agency action because it “had ‘an immediate and practical impact’” on plaintiffs, including because “grantees” would “no longer receive funding”).

Defendants’ failure to process, peer review, and evaluate grant applications are likewise final agency actions. As the Fourth Circuit has recognized, “‘agency action’ includes a ‘failure to act,’ and ‘agency inaction can ... be judicially compelled when it is a discrete ‘agency action’ that the agency was required to take.’” *Vill. of Bald Head Island v. U.S. Army Corps of Eng’rs*, 714 F.3d 186, 196 (4th Cir. 2013). Decisions on grant applications are discrete final agency actions, with both practical and legal consequences for the agency and applicants. *See People for the Ethical Treatment of Animals v. Tabak*, 662 F. Supp. 3d 581, 591 (D. Md. 2023) (recognizing that a “decision to approve [a] grant is the consummation of the agency’s decisionmaking process that is of sufficient legal consequence[]” to make the action final (internal quotation marks omitted)). Moreover, AHRQ is legally required to review and evaluate each grant application, by both statute and regulation. *See* 42 U.S.C. § 299c-1(a); 42 C.F.R. § 67.15(a)(1), (4); *id.* § 67.16. This kind of “ongoing failure[] to carry out discrete obligations can be subject to review” under the APA. *City of New York*, 913 F.3d at 433.

2. Defendants’ cessation of AHRQ’s grantmaking function is contrary to the Public Health Service Act and governing regulations.

Because “[a]dministrative agencies are creatures of statute,” *Nat’l Fed’n of Indep. Bus. v. OSHA*, 595 U.S. 109, 117 (2022), they are “not free simply to disregard statutory responsibilities,” *Lincoln v. Vigil*, 508 U.S. 182, 193 (1993). An agency likewise “has no discretion to decide whether and when to abide by its own regulations.” *Healthy Teen Network v. Azar*, 322 F. Supp. 3d 647, 656 n.11 (D. Md. 2018); *see also Adams v. Califano*, 474 F. Supp. 974, 986 (D. Md. 1979) (“A fundamental concept of administrative law is that an agency must follow its own regulation.”); *Nat’l Envtl. Dev. Ass’n’s Clean Air Project v. EPA*, 752 F.3d 999, 1009 (D.C. Cir. 2014) (same).

By statute and regulation, AHRQ is required to operate a grantmaking program and process grant applications. The Public Health Service Act mandates that the agency issue grants related to certain topics crucial to healthcare quality and the healthcare system. *See* 42 U.S.C. §§ 299b, 299b-1(b)–(c), 299b-34(a), 299b-36(e), 299b-37(e). That statute and AHRQ regulations require AHRQ to review grant applications. *Id.* § 299c-1(a); 42 C.F.R. § 67.15(a)(1), (4). And AHRQ regulations further instruct its Director to make a decision whether to fund each grant application, with deferrals allowed only “pending receipt of additional information.” *Id.* § 67.16. Defendants have acted contrary to the statutes and regulations governing AHRQ grantmaking by halting the process entirely. *See supra* at 5–8; *see also* John Doe #1 Decl. ¶¶ 11–22; John Doe #2 Decl. ¶¶ 9–16.

3. Defendants’ cessation of AHRQ’s grantmaking function violates appropriations statutes.

Because Defendants’ cessation of AHRQ’s grant program means the agency cannot and will not spend funds that Congress appropriated for that purpose, Defendants have also violated statutes governing appropriations—namely, the FY 2025 Continuing Resolution providing AHRQ with appropriations through September 30, and the Impoundment Control Act (ICA).

a. The executive branch “does not have unilateral authority to refuse to spend ... funds”

that Congress appropriated. *In re Aiken Cnty.*, 725 F.3d 255, 261 n.1 (D.C. Cir. 2013). The FY 2025 Continuing Resolution, which was passed by both houses of Congress and signed by the President, continued AHRQ at a stable funding level for fiscal year 2025. *See* FY 2025 Continuing Resolution § 1101, 139 Stat. at 10–11. Under the statute, AHRQ has \$369 million to carry out its duties through fiscal year 2025, which ends on September 30. *See id.* § 1106, 139 Stat. at 12; 2024 Appropriations Act, 138 Stat. at 661–62. Under congressional directives, less than 20 percent of that total is for internal operations, *see* S. Rep. No. 118-84 at 156—leaving nearly \$300 million to spend on grants and other external research. Last year, out of the same appropriated amount, AHRQ spent approximately \$139 million on new and continuing grants. *See* FY 2025 Budget Justification at 16. And in the budget request HHS transmitted to Congress, AHRQ committed to spending a similar amount on grants if it received the same funding this fiscal year. *Id.*

AHRQ has come nowhere close to obligating its full appropriation on grants as Congress intended. So far this fiscal year, it has obligated only about \$55 million in new or continuation awards. *See supra* at 8. There is no prospect of AHRQ spending any more on grants, as the director of a key grants office has conceded it can no longer issue awards. *See* Trivedi Decl. Ex. A. Given the upcoming expiration of the fiscal year 2025 appropriations, Defendants’ halting of AHRQ’s grantmaking function violates the dictates of the FY 2025 Continuing Resolution. Defendants should not be permitted “to run out the clock on the fiscal year, without putting the money Congress appropriated toward the purposes Congress intended.” *Widakuswara v. Lake*, No. 1:25-cv-0887-RCL, 2025 WL 2159180, at *3 (D.D.C. July 30, 2025) (appeal pending).

b. Because Defendants have unlawfully refused to spend money appropriated by Congress and approved by the President in the FY 2025 Continuing Resolution, they have also violated the ICA, Pub. L. No. 93-344, 88 Stat. 332 (July 12, 1974). Congress enacted the ICA in response to

President Nixon’s repeated “withholding” of appropriated “funds from various programs he did not favor.” *City of New Haven v. United States*, 634 F. Supp. 1449, 1454 (D.D.C. 1986). “[T]o restore responsibility for the spending policy of the United States to the legislative branch,” the ICA created specific procedures for the executive branch to seek permission to avoid spending appropriated funds. H.R. Rep. No. 93-658, *reprinted in* 1974 U.S.C.C.A.N. 3462, 3463. Under those procedures, if the President does not want to spend funds Congress has appropriated, he must transmit a special message to Congress detailing a request to not spend money. 2 U.S.C. § 683(a). Even then, the President must spend the funds available for obligation unless both houses of Congress pass a bill rescinding the funding. *Id.* § 683(b). Absent compliance with that mechanism, congressionally appropriated funds “shall be made available for obligation.” *Id.*

Those preconditions have not been satisfied here. President Trump has not sent a message to Congress asking for permission not to spend money appropriated for AHRQ’s programming, and Congress has not agreed to relieve the executive of its obligation to spend those funds. Accordingly, Defendants lack authority to refuse to spend AHRQ appropriations.

Earlier this month, the General Accountability Office (GAO)—Congress’s watchdog for spending—determined that HHS had violated the ICA in essentially identical circumstances. *See* GAO, B-337203, *Department of Health and Human Services—National Institutes of Health—Application of Impoundment Control Act to Availability of Funds for Grants* (Aug. 5, 2025) (GAO NIH Finding).⁹ There, GAO considered, among other things, whether NIH had violated the statute by pausing all grant review and substantially slowing the pace of grant awards, as compared to previous years. *See id.* at 7–11. After reviewing records of NIH’s activities and federal spending databases, GAO concluded that NIH had violated the ICA. *Id.* at 18. Critically, GAO concluded

⁹ <https://www.gao.gov/assets/890/880607.pdf>.

that an unlawful impoundment had occurred with respect to paused and slowed grantmaking, even though “the majority of NIH’s appropriations do not specifically require that NIH award grants and other research contracts.” *Id.* at 14. As the agency explained, NIH had historically “use[d] the vast majority of its appropriation for these purposes each year,” and there was no “indication from HHS officials” that they intended to use the funds for some other authorized purpose. *Id.*

To the extent there is any daylight between the situation GAO encountered at NIH and the one here, the evidence of AHRQ’s ongoing impoundment is even more egregious. While NIH had restarted peer review meetings by the time of GAO’s determination, *see id.* at 17–18, AHRQ’s peer review process is entirely at a standstill, *see supra* at 5–8. And while both NIH and AHRQ spent less in appropriated funds on grants this year as compared to last, *compare* GAO NIH Finding at 18, *with supra* at 8, some money was at least still going out the door at NIH. AHRQ, meanwhile, is concededly unable to issue any grant awards. *See* Trivedi Decl. Ex. A. Given the funds left over at this point in the fiscal year, this withholding of budget authority from obligation or expenditure “is inconsistent with the requirements of the ICA.” GAO NIH Finding at 19.

4. Defendants’ cessation of AHRQ’s grantmaking function is arbitrary and capricious.

The APA “requires agencies to engage in ‘reasoned decisionmaking,’ and directs that agency actions be ‘set aside’ if they are ‘arbitrary’ or ‘capricious.’” *DHS v. Regents of the Univ. of Cal.*, 591 U.S. 1, 16 (2020) (internal citation omitted) (first quoting *Michigan v. EPA*, 576 U.S. 743, 750 (2015), then quoting 5 U.S.C. § 706(2)(A)). To satisfy the arbitrary and capricious standard, “[a]n agency ‘must examine the relevant data and articulate a satisfactory explanation for its action including a rational connection between the facts found and the choice made.’” *Mayor of Baltimore v. Azar*, 973 F.3d 258, 275 (4th Cir. 2020) (quoting *Motor Vehicle Mfrs. Ass’n of U.S. v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 43 (1983)). Defendants’ halting AHRQ’s

grantmaking and refusing to spend funds appropriated by Congress fail to satisfy that standard.

For the most part, Defendants have provided no explanation for halting the agency's grantmaking apparatus, which has consistently supported health services research for decades. “An agency changing its course must supply a reasoned analysis,” and the court may not infer the agency's reasoning from mere silence.” *Wanrong Lin v. Nielsen*, 377 F. Supp. 3d 556, 564 (D. Md. 2019) (quoting *State Farm*, 463 U.S. at 57). To the extent that AHRQ offered an explanation in the July 23 email, the agency blamed its inability “to process grant awards” on “the recent reduction in force at HHS” and the “permanent separat[ion]” of “AHRQ's grants management staff ... from Federal service.” Trivedi Decl. Ex. A. That is a problem entirely of Defendants' own making, so it cannot validate their decision to halt important, statutorily required grantmaking.

Moreover, “[a]n agency action may be set aside as arbitrary and capricious if the agency fails to comply with its own regulations.” *Nat'l Envtl. Dev. Assoc.'s Clean Air Project*, 752 F.3d at 1009 (internal quotation marks omitted). Here, Defendants acted contrary to AHRQ regulations governing grantmaking when they halted their grantmaking operations. *See supra* at 5–8, 16.

In addition, when they halted AHRQ grantmaking, Defendants failed to “take[] into account” the “serious reliance interests” of Plaintiffs' members, other grantees and applicants, the health research community, and providers and patients. *See Regents*, 591 U.S. at 30. Researchers with pending applications for new funding, including Plaintiffs' members, invested hundreds of hours applying for AHRQ grants, at the expense of seeking other funding opportunities. *See, e.g.*, Bass Decl. ¶ 13; Katz Decl. ¶¶ 12–14; Schulson Decl. ¶ 9; Bolen Decl. ¶ 7. Researchers in the middle of multi-year projects embarked on their work with the expectation that, so long as funding was available and they met expectations, they would continue to receive support from AHRQ throughout the project period. *See, e.g.*, Linder Decl. ¶¶ 4–7. AHRQ also served as a major funder

of early-career researchers in health services, providing support for those seeking to launch a career researching how to improve the healthcare system. *See* Bass Decl. ¶¶ 20–21. There will be fewer opportunities for researchers to build careers in the field, absent AHRQ funding. *Id.* Defendants’ abrupt halt of AHRQ’s grantmaking did not account for these substantial reliance interests.

Defendants also failed to account for the substantial reliance of the healthcare community—including practitioners and patients—on AHRQ grantmaking. AHRQ funding has supported significant investment in our understanding of how to improve the quality, safety, and efficacy of the care patients receive. Projects that can’t move forward, because Defendants halted AHRQ’s grants program, would have addressed pressing issues like reducing antibiotic-resistant infections and preventing misdiagnosis of common but serious medical conditions. *See* Linder Decl. ¶¶ 4–6; Schulson Decl. ¶ 4. Providers, patients, insurers, and others relied on AHRQ to fund this kind of innovative research. Defendants again ignored these significant reliance interests.

5. Defendants have unreasonably delayed decisions on Plaintiffs’ members’ AHRQ grant applications.

a. The APA directs reviewing courts to “compel agency action unlawfully withheld or unreasonably delayed.” 5 U.S.C. § 706(1). Plaintiffs can proceed under 706(1) where they “assert[] that an agency failed to take a *discrete* agency action that it is *required to take*.” *Norton v. S. Utah Wilderness All.*, 542 U.S. 55, 64 (2004). “To assess whether an agency is bound to act,” courts “look to the text of the relevant statutes and regulations.” *Lovo v. Miller*, 107 F.4th 199, 211 (4th Cir. 2024).

The word “shall” in a statute or regulation “usually connotes a requirement,” creating “an obligation impervious to ... discretion” on the relevant actor. *Maine Cmty. Health Options v. United States*, 590 U.S. 296, 310 (2020) (internal quotation marks omitted, alteration in original). The Public Health Service Act mandates that the agency “shall ... conduct” “appropriate technical

and scientific peer review” and that peer review groups “shall” report their findings. 42 U.S.C. § 299c-1(a). Applicable regulations, meanwhile, state that study sections “shall make a written report . . . on each application” and that the AHRQ Director “will evaluate applications” and “shall” make a decision as to each, 42 C.F.R. §§ 67.15(a)(4), 67.16(a)–(b). Thus, processing applications is a nondiscretionary duty, even if the agency has discretion over which ones to ultimately fund.

The record demonstrates that the agency has failed to take mandated steps to process grant applications, including those submitted by Plaintiffs’ members. Defendants fired the staff necessary to coordinate the statutorily mandated peer review process. *See* John Doe #1 Decl. ¶¶ 7–19; John Doe #2 Decl. ¶¶ 6–15. Shortly thereafter, the agency stopped holding its previously scheduled study section meetings. John Doe #2 Decl. ¶¶ 12–14. The agency is no longer complying with its obligation to conduct appropriate technical and scientific peer review. In addition, the agency has not acted on applications ready for evaluation by the AHRQ Director. *See* John Doe #2 Decl. ¶¶ 11, 13; *supra* at 6–7 (cataloguing lack of new grant awards). Indeed, an AHRQ official has stated that the agency no longer has any capacity to issue awards. *See* Trivedi Decl. Ex. A. The agency is therefore also failing to “evaluate applications” that study sections have “recommended for further consideration,” and it is no longer making the required disposition of applications. 42 C.F.R. § 67.16(a)–(b). While AHRQ regulations contemplate that the agency can “defer” an application “for a later decision,” they allow deferral only in one circumstance: “pending receipt of additional information.” *Id.* § 67.16(b). The agency, however, has unlawfully deferred consideration of *all* applications without citing any need for information, abdicating its duty to act.

b. The APA requires AHRQ to “proceed to conclude a matter presented to it” “within a reasonable time.” 5 U.S.C. § 555(b). As the Fourth Circuit has recognized, to assess whether delay is unreasonable, “most lower courts have followed the D.C. Circuit’s decision in *TRAC v. FCC*,

750 F.2d 70, 80 (D.C. Cir. 1984),” which lays out six factors that “offer helpful guidance in this inquiry, even if they do not define the entire field.” *Gonzalez v. Cuccinelli*, 985 F.3d 357, 375 (4th Cir. 2021). These factors favor Plaintiffs here.

The first two factors are “typically considered together.” *Joshua v. Jaddou*, No. 1:24-cv-00667-JRR, 2025 WL 449001, at *8 (D. Md. Feb. 10, 2025), and they strongly favor Plaintiffs. Factor one—which some courts have called the “most important”—asks whether “the time agencies take to make decisions” is “governed by a rule of reason.” *In re Core Commc’ns, Inc.*, 531 F.3d 849, 855 (D.C. Cir. 2008) (internal quotation marks omitted). Factor two recognizes that a “statutory scheme may supply content of this rule of reason” where “Congress has provided a timetable or other indication of the speed with which it expects the agency to proceed.” *Id.*

Here, Congress has provided a timeline for the agency’s processing of applications: It appropriated funds for AHRQ to spend before the fiscal year ends. *See* FY 2025 Continuing Resolution § 1101, 139 Stat. at 10; 31 U.S.C. § 1502(a) (appropriations are not available past the period authorized by law); 2 U.S.C. §§ 682, 684 (setting out specific procedure for when executive proposes to “defer any budget authority” or “withhold[] or delay[] obligation”). In funding announcements, AHRQ has also noted that grants generally go through “scientific merit review” four months after submission and that projects may start “four months” after that. *See, e.g.*, HHS Funding Opportunity, *AHRQ Health Services Research Demonstration and Dissemination Grants (R18)*.¹⁰ The agency is no longer meeting those timelines and no longer has any prospect of making decisions on pending applications before the funds that could support awards expire on September 30. There is thus no “rhyme or reason—congressionally prescribed or otherwise—for [the] agency’s delay.” *Janay v. Blinken*, 743 F. Supp. 3d 96, 114 (D.D.C. 2024) (alteration in original).

¹⁰ <https://grants.nih.gov/grants/guide/pa-files/PA-24-156.html>.

The third and fifth *TRAC* factors, which are also routinely considered together, also favor Plaintiffs. Factor three instructs that “delays that might be reasonable in the sphere of economic regulation are less tolerable when human health and welfare are at stake,” and factor five requires the court to “take into account the nature and extent of the interests prejudiced by the delay.” *TRAC*, 750 F.2d at 80. The interests at stake are substantial. Applicants for new grants, including Plaintiffs’ members, invested hundreds of hours in applications that now will not be reviewed and that currently have no prospect of receiving funding. *See, e.g.*, Schnipper Decl. ¶ 6; Schulson Decl. ¶ 9; Dolber Decl. ¶ 6. Their applications concern innovative research meant to improve patient care. Schnipper Decl. ¶ 4; Schulson Decl. ¶ 4; Dolber Decl. ¶ 4. Defendants’ withholding of decisions on those applications has caused more than just economic harm, as these applicants have had to spend substantial time and energy searching—perhaps in vain—for substitute funding. Current grantees awaiting a decision on continuation funding are perhaps even more prejudiced by the agency’s unreasonable delay. Those grantees are in the middle of their “project periods,” and they reasonably relied on agency funding to support ongoing work. *See* Linder Decl. ¶¶ 5–7.

Defendants’ delay in processing AHRQ grant applications also harms the health and public welfare. The applications currently pending before AHRQ for new or continued funding include projects that would investigate important issues in the healthcare system and seek to improve the quality, safety, and efficacy of the care patients receive. *See, e.g.*, Linder Decl. ¶ 4; Schulson Decl. ¶ 4; Bolen Decl. ¶ 5. Where an agency’s withholding of funding “risks poorer health outcomes for the public,” factors three and five favor a finding of unreasonable delay. *Nat’l Fair Housing Alliance v. HUD*, No. 25-cv-1965-SLS, 2025 WL 2105567, at *10 (D.D.C. July 28, 2025).

Factor four, which asks whether there are “higher or competing” agency priorities, *TRAC*, 750 F.2d at 80, also favors Plaintiffs. Under this factor, courts have “refused to grant relief, even

though all the other factors considered in *TRAC* favored it, where ‘a judicial order putting [a party] at the head of the queue [would] simply move[] all others back one space and produce[] no net gain.’ *Mashpee Wampanoag Tribal Council, Inc. v. Norton*, 336 F.3d 1094, 1100 (D.C. Cir. 2003) (quoting *In re Barr Labs.*, 930 F.2d 72, 75 (1991)) (second, third, and fourth alteration in original). Here, however, Plaintiffs do not ask to be brought to the front of some line that is moving, albeit slower than Plaintiffs would like. To the contrary, AHRQ has conceded that its process isn’t moving at all. *See supra* at 7–8. A judicial order requiring the agency to start processing applications—which the agency has funding to do—would not require the agency to reorder any priorities. *See Nat’l Fair Housing All.*, 2025 WL 2105567, at *10; *cf. Campaign Legal Ctr. v. FEC*, No. 20-cv-0809-ABJ, 2021 WL 5178968, at *8 (D.D.C. Nov. 8, 2021) (finding factor did not favor government where agency “has not indicated that the administrative complaint has been delayed because it is behind others in a queue”). There are no “concerns about ‘line-jumping’” where the requested relief is an order requiring the agency to process applications according to its ordinary schedule and procedures. *Afghan & Iraqi Allies v. Blinken*, 103 F.4th 807, 819 (D.C. Cir. 2024).

Finally, the sixth factor is neutral and does not favor finding the delay here reasonable. This factor recognizes that “the court need not find any impropriety lurking behind agency lassitude in order to hold that agency action is unreasonably delayed.” *TRAC*, 750 F.2d at 80. To the extent Defendants have offered any explanation for their delay, they have blamed the recent RIF, which they apparently initiated without any plan to continue the agency’s statutory functions. Although that is at best a sign of the negligence behind the cessation of AHRQ’s grant program, Plaintiffs cannot know on the current record why Defendants targeted AHRQ’s grantmaking apparatus or whether there is any lurking impropriety. This factor is therefore, at best, neutral.

Taken together, these factors support Plaintiffs. Plaintiffs are thus likely to succeed on their

unreasonable delay claim, and the Court should order Defendants to begin processing grant applications before the funds to support fiscal year 2025 grants expire.

II. Plaintiffs will suffer irreparable harm absent a preliminary injunction.

“To establish irreparable harm, the movant must make a clear showing that it will suffer harm that is neither remote nor speculative, but actual and imminent.” *Mountain Valley Pipeline, LLC v. 6.56 Acres of Land, Owned by Sandra Townes Powell*, 915 F.3d 197, 216 (4th Cir. 2019) (internal quotation marks omitted). “Additionally, the harm must be irreparable, meaning that it cannot be fully rectified by the final judgment after trial.” *Id.* (internal quotation marks omitted). Plaintiffs’ members, as well as NAPCRG in its own capacity, are already suffering irreparable harm, and they will continue to absent this Court’s intervention.

Defendants’ halt of all grantmaking at AHRQ has caused substantial harm to Plaintiffs’ members and NAPCRG. Those with pending grant applications have been deprived of the opportunity to compete for funding that could support their important work. *See e.g.*, Bass Decl. ¶¶ 11–14; Katz Decl. ¶¶ 8–14. Some have wasted hundreds of hours preparing applications that will never be reviewed or granted, at the expense of pursuing other funding or other projects. *See, e.g.*, Bass Decl. ¶¶ 13–14; Schulson Decl. ¶ 9; Bolen Decl. ¶ 7. Others have embarked on projects that they intended to carry over multiple years, but that they will have to essentially abandon, unless AHRQ funding restarts soon. *See, e.g.*, Linder Decl. ¶ 7. Early-career members of each organization are facing significant setbacks in their career development—some even having to take on different responsibilities or abandon plans to build a research career. *See, e.g.*, Schulson Decl. ¶¶ 8–9; Rodriguez Decl. ¶ 7; Dolber Decl. ¶ 7. Those kinds of cuts to essential programs and research qualify as irreparable harm. *See Nat’l Fair Housing All.*, 2025 WL 2105567, at *11.

In addition, absent this Court’s intervention, Plaintiffs’ members will suffer irreparable injury because they will be forever unable to compete for fiscal year 2025 funding. Tens of millions

of dollars that Congress instructed AHRQ to spend on grants expire on September 30, 2025. *See* FY 2025 Continuing Resolution § 1106, 139 Stat. at 12. Unless this Court grants injunctive relief, orders Defendants to restart AHRQ’s grantmaking program, and holds open the period of obligation for those funds, those funds will expire without Plaintiffs’ members ever having a meaningful chance to compete for them. *Cf. Child Trends, Inc.*, 2025 WL 1651148, at *10 (concluding that plaintiffs had not established irreparable harm only because expiration of funds was “far enough away” that loss of opportunity to compete was not “imminent”). Where there is “no do-over and no redress,” harm is irreparable and injunctive relief is warranted. *League of Women Voters of N.C.*, 769 F.3d at 247.

III. The balance of the equities and the public interest support a preliminary injunction.

The final two factors of the preliminary injunction analysis—the balance of the equities and the public interest—support granting Plaintiffs’ motion for preliminary relief.

“It is well established that the Government cannot suffer harm from an injunction that merely ends an unlawful practice.” *C.G.B. v. Wolf*, 464 F. Supp. 3d 174, 218 (D.D.C. 2020) (internal quotation marks omitted). Defendants cannot be injured by an order requiring them to conduct grant review mandated by statute and regulation. Nor do they suffer harm from needing to obligate money for the purposes Congress designated. *See Cabrera v. U.S. Dep’t of Lab.*, No. 25-cv-1909-DLF, 2025 WL 2092026, at *8 (D.D.C. July 25, 2025). There is likewise “generally no public interest in the perpetuation of an unlawful agency action.” *Corp. for Nat’l & Cmty. Serv.*, 2025 WL 1585051, at *37 (quoting *League of Women Voters v. Newby*, 838 F.3d 1, 12 (D.C. Cir. 2016)). Rather, the “public undoubtedly has an interest in seeing its governmental institutions follow the law.” *Roe v. Dep’t of Def.*, 947 F.3d 207, 230–31 (4th Cir. 2020) (internal quotation marks omitted). Because Plaintiffs have established that Defendants’ halting of AHRQ grantmaking is likely unlawful, the balance of equities and public interest favor granting relief.

In addition, there is substantial public interest in continuing to support AHRQ grants. AHRQ is the only federal agency with a specific focus on funding research into patient safety, healthcare quality, and other important, cross-cutting issues related to the provision of healthcare. *See* AHRQ, *AHRQ: A Brief History*.¹¹ Even just a handful of applications submitted by Plaintiffs’ members demonstrate the scope of what is being lost—including research that would seek to better engage hospitalized patients in making decisions about their care; that would reduce costly and devastating diagnostic errors; and that would develop methods to decrease antibiotic use and reduce antibiotic-resistant infections. *See* Schnipper Decl. ¶ 4; Schulson Decl. ¶ 4; Linder Decl. ¶ 4. Without staff to review applications, the agency also abandoned a planned investment of up to \$375 million in an innovative, state-based program to improve care delivery, with a particular focus on improving access and outcomes for underserved populations. *See* John Doe #2 Decl. ¶ 14; Bolen Decl. ¶ 7; AHRQ, *Press Release: AHRQ Announces Historic Funding Opportunities to Establish State-based Solutions to Accelerate Health Care Improvement* (Sept. 9, 2024).¹²

The public interest is served by enabling those or similar projects to continue, thus producing research that can be leveraged to improve the care that patients receive. As Judge Boardman recently recognized in a case about the halting of AmeriCorps grants, the balance of the equities and public interest “heavily favor[.]” injunctive relief requiring the government to spend public funds allocated by Congress to carry out important public purposes. *See Corp. for Nat’l & Cmty. Serv.*, 2025 WL 1585051, at *38. “If, at the end of this litigation, the government is vindicated and cannot recover the funds that Congress appropriated for” AHRQ grants, “the funds will have been spent on improving the lives of everyday Americans,” as Congress intended. *Id.*

¹¹ <https://www.ahrq.gov/cpi/about/brief-history.html>.

¹² <https://www.ahrq.gov/news/newsroom/press-releases/state-based-health-extension-cooperatives.html>.

IV. The Court should grant the relief requested in this motion.

Plaintiffs request an order (1) preliminarily enjoining Defendants to restart the review of AHRQ grant applications and the award of grants; (2) requiring that Defendants make all fiscal year 2025 grant funds available for obligation; and (3) extending the date that AHRQ's fiscal year 2025 appropriated funds are available for obligation throughout the pendency of this litigation. That relief is appropriate and necessary to prevent the irreparable harm described above.

To begin, Plaintiffs cannot secure complete relief without an order requiring AHRQ to comply with its statutory obligations to process grant applications and spend funds that Congress appropriated for grants. Because Plaintiffs bring this case under the APA and ask the Court to “set aside” Defendants’ action halting its grantmaking program, the appropriate relief in this case will undo that action in its entirety. *See Guilford Coll. v. Wolf*, No. 1:18-cv-891, 2020 WL 586672, at *10 (M.D.N.C. Feb. 6, 2020) (“[T]he APA itself instructs courts to ‘hold unlawful and set aside’ agency actions found to be invalid.” (quoting 5 U.S.C. § 706(2))). That’s because, where some discrete agency action applies “across the board[,]” a “person adversely affected” can challenge it under the APA and relief could reach the “entire” program. *Lujan v. Nat’l Wildlife Fed’n*, 497 U.S. 871, 890 n.2 (1990). That type of relief is especially appropriate here, as the Court cannot remedy Defendants’ legal violations without an order requiring them to restart the grantmaking processes required by statute and make all appropriated funds available for obligation.

There is also no sensible way to limit relief to Plaintiffs or their members. AHRQ applicants are competing for a limited pool of funds. And “HHS policy requires maximum competition for discretionary grants to the greatest extent possible.” HHS Grants Policy Statement (Apr. 16, 2025).¹³ As a result, there is no viable mechanism for providing relief just to a subset of applicants.

¹³ <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-april-2025.pdf>.

See Nat'l Fair Housing All., 2025 WL 2105567, at *13 n.5 (recognizing that the court “is left providing a remedy with incidental benefits to applicants not before the court” because the agency “cannot peel off” only applications from Plaintiffs’ members).

In addition, given the upcoming expiration of fiscal year 2025 funds on September 30, the Court should exercise its equitable authority to extend the period of availability of those appropriations during the pendency of this litigation. This Court has the power to “order that funds be held available beyond their statutory lapse date if equity so requires.” *Connecticut v. Schweiker*, 684 F.2d 979, 997 (D.C. Cir. 1982) (citation omitted); *see also Defy Ventures, Inc. v. U.S. Small Bus. Admin.*, 469 F. Supp. 3d 459, 478 (D. Md. 2020) (“agree[ing]” that the court has authority “to extend the deadline to apply for” government loan program beyond expiration of appropriation). In particular, “if a case is timely filed”—before the appropriation lapses—“a court may grant a preliminary injunction so that funds from an appropriation that is about to lapse will remain available pending a dispute’s resolution.” *City of Houston v. HUD*, 24 F.3d 1421, 1427 (D.C. Cir. 1994); *see Goodluck v. Biden*, 104 F.4th 920, 928 (D.C. Cir. 2024) (recognizing that, “in the appropriations context, Congress has expressly authorized courts to suspend the lapse of budget authority while lawsuits play out”). Such an order is necessary here to ensure that AHRQ’s unobligated 2025 appropriations do not lapse before Defendants can comply with any order requiring them to restart grantmaking and spend the relevant funds. And it would ensure that Defendants are not rewarded by in effect running out the clock on Congress’s funding directives.

CONCLUSION

For the foregoing reasons, Plaintiffs respectfully request that this Court issue a preliminary injunction as set forth in the proposed order filed concurrently herewith.

Dated: August 21, 2025

Respectfully submitted,

/s/ Stephanie B. Garlock

Stephanie B. Garlock (D. Md. Bar No. 31594)

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(*pro hac vice* application forthcoming)

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**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP.,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,

Defendants.

Case No. 8:25-cv-2751-BAH

**INDEX OF EXHIBITS IN SUPPORT OF PLAINTIFFS'
MOTION FOR A PRELIMINARY INJUNCTION**

Exhibit Number	Description
1	Declaration of John Doe #1
2	Declaration of John Doe #2
3	Declaration of Eric Bass (Society of General Internal Medicine) Ex. A – AHRQ Website Study Section Schedule, Internet Archive Capture Ex. B – AHRQ Website Study Section Schedule, as of August 18, 2025
4	Declaration of Alan Katz (North American Primary Care Research Group)
5	Declaration of Amal N. Trivedi Ex. A – Correspondence with D. Francis Chesley, Jr.
6	Declaration of Jeffrey Schnipper
7	Declaration of Hector P. Rodriguez
8	Declaration of Lucy Schulson
9	Declaration of Trygve Dolber

10	Declaration of Jeffrey A. Linder
11	Declaration of Shari Bolen

EXHIBIT 1

**IN THE UNITED STATES DISTRICT COURT
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MEDICINE & NORTH AMERICAN
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GROUP, et al.,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,

Defendants.

Case No.

DECLARATION OF JOHN DOE #1

I, John Doe #1, declare as follows:

1. This declaration is based on my personal knowledge and information that has been shared with me through conversations with my colleagues.

2. I was until July 14, 2025, an employee of Defendant U.S. Department of Health and Human Services (HHS) in the Agency for Healthcare Research and Quality (AHRQ). I am submitting this declaration under a pseudonym and have withheld certain identifying details because I am concerned about potential retaliation.

3. In the early morning of April 1, 2025, I received an email at my AHRQ email address from OHRCorrespondence@hhs.gov that stated that I was being affected by a reduction in force (RIF) action. The attached Notice stated, among other information, that my separation date from AHRQ would be June 2, 2025. The Notice further stated that “[t]his RIF is necessary to reshape the workforce of HHS” and referenced Executive Order 14210. And it stated that the RIF action was being taken “...because your duties have been identified as either unnecessary or

virtually identical to duties performed elsewhere in the agency.” There was no language related to a transfer of function in the RIF notice.

4. The email notifying me of the RIF also stated that, after I received the notice, I would be placed on administrative leave and would no longer have building access beginning Tuesday, April 1, 2025. Also, on April 1, 2025 at some point approximately between 11:00 A.M. and 12:00 P.M. Eastern Time, HHS terminated access to my AHRQ laptop and phone, which meant I could not access email, files, the HHS or AHRQ intranet, or any system that required use of my HHS identification card. I never received any formal notification from HHS that I would not have access to AHRQ or HHS electronic systems.

5. As a result of a preliminary injunction entered in other litigation, I received notice from HHS in May that my separation date from the agency had been postponed. After the Supreme Court stayed that preliminary injunction, I had seen public reports and statements from HHS that affected employees, including those at AHRQ like me, were officially separated from HHS at the close of business on July 14, 2025.

6. Until I was placed on administrative leave, I worked in AHRQ’s Office of Extramural Research, Education and Priority Populations (OEREP), an office that played a key role in AHRQ’s grantmaking process for AHRQ’s extramural research. It is my understanding, based on conversations with my colleagues since April 1, that nearly all the staff of OEREP—other than the director of the office and the few staff who were Commissioned Corps of the U.S. Public Health Service—received the same RIF notice (with the only differences being individualized information such as name and personal and position-specific data), were on administrative leave starting on April 1, and officially separated from HHS on July 14. Based on

reports from colleagues, and email communications, the OEREP director has remained in the same position following the abolishment of all competitive areas of OEREP.

7. It is likewise my understanding, again based on conversations with my colleagues, that all or nearly all of the employees of other AHRQ offices with central roles in the AHRQ grantmaking process were similarly sent RIF notices and have now been separated from the agency. Those offices include the Division of Grants Management (DGM) and the Division of Financial Management (DFM) in the Office of Management Services, as well as the Office of the Director.

8. Through my work with OEREP, I am familiar with the processes AHRQ uses to develop funding announcements (typically referred to as NOFOs), publish and announce funding announcements, review grant applications, and award grants to fund extramural research—that is, research conducted by researchers at universities, academic medical centers, and other institutions and organizations based outside of the agency but funded through AHRQ grants and cooperative agreements.

9. Until April 1, 2025, the staff at OEREP were responsible for critical functions for AHRQ's extramural research. OEREP staff managed AHRQ's research training programs, including individual fellowships, dissertation grants, and institutional training grants. OEREP staff also managed AHRQ's conference grant program and managed research grants, including some funded by the Patient-Centered Outcomes Research Trust Fund.

10. OEREP staff also managed research grants and conducted health services research on priority populations—including women, children, minority groups, and low-income groups. AHRQ is required by statute to have an office focused on these and other “priority populations”

and to ensure that the agency's research portfolio reflects these priorities and adequately addresses the health care needs of groups traditionally underserved by the health care system.

11. OEREP staff played a key role in many steps that led to new grant awards. From the start of the process, when project officers in other parts of AHRQ had a specific research objective that they wanted to fund through grants, they would work with OEREP staff to draft the funding announcement and seek the necessary approvals. OEREP staff were then responsible for submitting notices of funding opportunities for publication in the NIH Guide for Grants and Contracts, also published on grants.gov. OEREP staff also ensured that all notices of funding opportunities announcements and grant policy notices complied with HHS and general federal grantmaking requirements before publication

12. While those notices of funding opportunities were open and while applications were later under review, OEREP and DGM staff served as key points of contact for interested applicants to ask a range of questions about grant applications.

13. For the approximately 700 grant applications AHRQ received each year, staff at OEREP managed the receipt and referral process—the first and crucial stage of the grant application review cycle.

14. During AHRQ's receipt and referral process, OEREP staff reviewed incoming grant applications to ensure they satisfied the basic requirements of the funding announcement, were complete, and were consistent with other compliance guidelines. Eligible applications were assigned to the appropriate Center for programmatic management and to the appropriate study section for peer review. OEREP's work also included providing training to AHRQ staff and providing technical assistance to researchers. Among other things, OEREP staff provided training

to agency staff on human subjects protections requirements and oversaw compliance with human subjects protections requirements for extramural research grants

15. In the AHRQ peer review process, all compliant grant applications were assigned to one of five study sections (or to a special emphasis panel (SEP) if they did not fit with any of the five sections): Healthcare Effectiveness and Outcomes Research (HEOR), Healthcare Safety and Quality Improvement (HSQR), Healthcare Systems & Value Research (HSVR), Healthcare Research Training (HCRT), and Healthcare Information Technology Research (HITR). Each of the sections typically met three times a year (HCRT typically met 4 times a year) and SEPs met on an as needed basis.

16. OEREP staff coordinated the scientific peer review process by recruiting and managing the panels of external scientific expert reviewers for each study section and, when needed, SEPs; drafting the required notices of the study section meetings in the Federal Register; and serving as the point of contact listed in the notices for any questions. During the scientific review meetings, OEREP staff also provided oversight, ensured compliance with applicable regulations, and later compiled summary statements of the peer review of each grant application.

17. During the peer review process, grant applications discussed would receive an impact score. When applicable, applications were also assigned a percentile rank relative to other applications reviewed by the same scientific review group at 3 consecutive meetings. During this process, OEREP staff compiled the scores and reviewers' critiques. OEREP staff also generated a summary statement that includes the aggregate score, percentile (as applicable), compiled reviewers' critiques and a summary or consensus remarks. This information was used to produce materials that the agency considered to make its decision, including a funding recommendation memo, the summary statement, applicant responses, and the underlying grant application.

18. Following the peer review meetings, OEREP staff coordinated a funding meeting. To prepare for those meetings, OEREP staff would generate a ranked list and agenda based on the application type and application competitive range. Funding meetings typically occurred three times a year, with special funding meetings on an as needed basis. At funding meetings, Program Officers present recommended applications based on the ranking list and senior leadership make recommendations recorded in a database. The compiled recommendations are shared with the AHRQ Director for final approval. Funding decisions usually fall into one of three categories: Approved, Disapproved or Approved but Unfunded. AHRQ can fund out of rank order.

19. Once AHRQ had decided which grants to award, our colleagues at DGM would then take over managing the process for issuing the notice of award (NoA) and processing payments. Other offices subject to the RIF played a role in this award process. For example, the Division of Financial Management's staff would have already ensured that funding was available for awards. Together, these staff ensured that grant applications were in compliance with applicable cost principles, regulations, and grants management policies.

20. At the time OEREP and DGM staff were put on administrative leave, my colleagues and I were not aware of any plan to continue managing new grant applications. As far as I know, no plan was put in place or implemented to provide updated contact information to applicants or grantees who had been working with OEREP and other staff subject to the RIF. Nor were plans put into place for how to continue moving grant applications through the receipt and referral process, coordinate the next round of peer review meetings, or generally assess the need to award new or continuation grants in the future.

21. At the time that I was placed on administrative leave, staff at OEREP were working on the May and June peer review meetings and planning to publish notices in the Federal Register

that would allow the agency to hold these meetings to review new grant applications. I have checked the Federal Register and have not seen any notices indicating that the agency announced those meetings. Based on communication with colleagues, I learned that the meetings were not held due to the RIF.

22. I believe that it is not possible for AHRQ to fund any new grants without the separated OEREP, DGM, and other Divisions and Offices covered by the RIF. Staff in OEREP and DGM played the key roles in ensuring that the research AHRQ funds complies with all required policies, meets the requirements of the specific funding announcement, is scientifically rigorous, and is consistent with agency priorities. Without OEREP and DGM staff, AHRQ is not able to successfully develop and submit for publication funding announcements and related grant policy notices, conduct the first line review of all grant applications, hold peer review study section meetings and manage all the related activities, manage research and training program grants, or provide a wide array of technical assistance to researchers and institutions. AHRQ is also not able to successfully train program officers on human subject protections, grant policies, and other related issues.

23. Without the separated staff in DGM, I believe it is not possible for AHRQ to conduct any activities that require issuing awards, sending payments, monitoring institutions' and organizations' use of grant funds, and managing the closeout process. Without the separated staff in the Division of Financial Management, I do not believe it is possible for AHRQ to conduct any activities that require managing appropriations law compliance, handling payment processing, certifying availability of funding for grant awards and managing the availability and allocation of grant funds within the agency's budget.

24. Overall, based on the HHS April 1 RIF and my knowledge of AHRQ's organization and operations, the elimination of all essential competitive areas that comprise AHRQ's grant program, without any transfer of function language noted in the RIF notice, appears to have rendered AHRQ unable to continue operating its extramural grant program.

Executed on August 19, 2025.

I declare under penalty of perjury that the foregoing is true and correct.

/s/ John Doe #1
John Doe #1

EXHIBIT 2

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP, et al.,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,
Defendants.

Case No.

DECLARATION OF JOHN DOE #2

I, John Doe #2, declare as follows:

1. This declaration is based on my personal knowledge and information that has been shared with me through conversations with my colleagues.

2. I was until recently an employee of Defendant U.S. Department of Health and Human Services (HHS) in the Agency for Healthcare Research and Quality (AHRQ). I am submitting this declaration under a pseudonym and withholding certain identifying details because I am concerned about potential retaliation.

3. During my time at AHRQ, the agency consisted of seven main components. Four offices provided support for AHRQ functions—the Office of the Director; the Office of Extramural Research, Education and Priority Populations; the Office of Communications; and the Office of Management Services. And three centers focused on substantive areas under AHRQ’s mandate—the Center for Financing, Access and Cost Trends; the Center for Evidence and Practice Improvement; and the Center for Quality Improvement and Patient Safety.

4. Until recently, I worked as a program officer in one of AHRQ's centers, serving as a subject-matter expert on projects on a wide range of topics. As part of that work, I shepherded several subject-specific grants programs through the grantmaking process, working with staff in other parts of AHRQ to solicit, process, review, and evaluate applications for grant funding. As a result, I am very familiar with the AHRQ grantmaking process and the role that various parts of the agency have historically played in ensuring that AHRQ's grants program functions.

5. AHRQ has historically operated a wide variety of grant programs to fund research related to the agency's mission of promoting the quality and effectiveness of healthcare. Subject-matter experts in AHRQ's centers have generally been closely involved in administering grant programs related to their center's focus.

6. When running grant programs, program officers in AHRQ's centers have relied extensively on staff from two AHRQ offices—the Office of Extramural Research, Education and Priority Populations (OEREP) and the Division of Grants Management (DGM) within the Office of Management Services—to run the grant application process and administer grant awards. Based on my experience at AHRQ, without staff in OEREP and DGM—or some replacement source of expertise and manpower—AHRQ cannot effectively process grant applications, issue grant awards, or operate any grant program.

7. In my experience working on AHRQ grants, staff in OEREP played a crucial role in soliciting and processing applications from researchers and others seeking grant funding from AHRQ. OEREP, with a staff of more than 30 people, was crucial to preparing notices of funding opportunities for publication. OEREP staff also managed the scientific review process, by, among other things, recruiting outside experts to serve on AHRQ study sections, coordinating study section meetings, and preparing applications for review. OEREP staff also managed some of

AHRQ's grant programs, including our substantial portfolio of training grants for graduate students and early-career researchers.

8. After AHRQ decided to award a grant, staff from DGM played a key role in preparing award documents, committing the agency to fund the award, and managing the processes for paying grantees. Beyond this work on initial awards, grants management officers in DGM were also assigned to manage each award through its life cycle, including approving funding for each subsequent year of an award. In this role, DGM staff would work with program officers like me to review progress reports, ensure that grantees were meeting their project goals, and check that the financial aspects of the project were being handled appropriately and consistent with HHS requirements. Without staff from DGM or some adequate replacement, the agency cannot review or approve requests for continuation funding for existing projects.

9. On April 1, 2025, staff across AHRQ's four offices—including OEREP and the Office of Management Services, which houses DGM—received notice of a large-scale reduction in force, or RIF, to be carried out later that spring. HHS immediately placed affected staff on administrative leave, meaning that, overnight and without any warning, AHRQ lost essentially all of the staff involved in the grant application and award process described above.

10. Following the RIF, the only employee left in OEREP was the office's director. The work moving grant applications through the review process soon ground to a halt.

11. At the time of the RIF announcement in early April, AHRQ had project applications pending that had already been through the peer review process and received scores, meaning they were ready for review and evaluation by AHRQ leadership. While I was still at AHRQ in late spring, the agency held a funding meeting to review those grant applications, and agency staff made recommendations as usual for which grants the agency should ultimately fund. At the time

I left the agency in early summer, AHRQ's internal database of grant applications—the Funding Decision Support System—reflected the agency's determination that certain grant applications should be approved and funded. However, those applications never moved beyond the recommendation stage of the process.

12. At the time of the RIF announcement in early April, AHRQ also had applications pending that were ready to be sent to study sections for scientific review. Between early April and when I left the agency, AHRQ did not hold any study section meetings to review those applications and had no plans to do so.

13. As a result of these shutdowns in AHRQ's grant review process, it is my understanding that AHRQ did not approve and issue a single award for new grant funding between April 1 and when I departed the agency in July. In my experience at the agency, that kind of indefinite pause in the agency's evaluation and awarding of new grant projects is highly unusual.

14. Indeed, without any staff available to convene study sections or run the peer review process, the agency even decided to cancel a major initiative—the state-based Healthcare Extension Service. That program, which had been years in the making, would have provided teams in up to fifteen states with \$25 million each to improve healthcare delivery through a patient-centered approach. But without OEREP staff available to convene a special emphasis panel to review the 48 applications received from 39 states, AHRQ decided to cancel the project altogether.

15. Because the RIF also covered all staff in DGM, AHRQ has also entirely lost its capacity to administer existing grants since April 1. Although HHS originally placed all staff in DGM on administrative leave after the April 1 RIF notice, AHRQ later received permission to bring a small number of employees back on a temporary basis—only until their separation date under the RIF. When those employees returned this spring, they were able to process a backlog of

continuation awards for projects that needed new funding beginning in April, May, and early June.

16. HHS never rescinded the RIF notice for these crucial employees, and DGM employees that had been called back to work were separated from the agency on July 14.

17. Since the April 1 RIF, AHRQ—after substantial delays—received approval from HHS to outsource some of the work on its contracts to other parts of HHS with experience managing the contracting process. As a result, some AHRQ initiatives supported by contracts are now moving forward.

18. However, as of the time I left the agency, I was not aware of any similar plan to outsource AHRQ's grantmaking functions to other parts of HHS. Instead, the grantmaking process at AHRQ has halted.

Executed on August 18, 2025.

I declare under penalty of perjury that the foregoing is true and correct.

/s/ John Doe #2
John Doe #2

EXHIBIT 3

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,

Defendants.

Case No.

DECLARATION OF ERIC B. BASS

I, Eric B. Bass, MD, declare as follows:

1. I am the Chief Executive Officer of the Society of General Internal Medicine (SGIM). I have served in that role since 2017. I also am a general internal medicine physician and have been a member of SGIM since 1989.

2. This declaration is based on my personal knowledge and information that has been shared with me by SGIM members in my professional capacity.

3. SGIM is a nonprofit membership organization headquartered in Alexandria, Virginia. With more than 3,200 members, SGIM is the leading organization for general internal medicine physicians who work at medical centers throughout the country to provide care for patients, train medical students and residents in internal medicine, and research innovations in internal medicine and the provision of primary care and hospital care.

4. SGIM's mission is to cultivate innovative educators, researchers, and clinicians in academic general medicine, leading the way to better health for everyone.

5. To support that mission, SGIM provides a forum and resources for our members to learn, teach, share ideas, disseminate work, and develop successful careers in academic internal medicine. Among other things, we host conferences to promote professional development and share the latest research. We convene committees, commissions, and working groups focused on specific areas of clinical practice, medical education, and clinical research, including cross-cutting issues such as women's health and geriatrics. We also provide resources for career development, including awards, scholarships, and grant support for early-career researchers, as well as training programs on teaching, leadership, and health policy.

6. SGIM publishes the *Journal of General Internal Medicine*, a comprehensive, peer-reviewed journal that promotes advancements in clinical and health services research, medical education, and clinical practice in the primary care, general internal medicine, and hospital medicine fields. The journal has published research on clinical general medicine, epidemiology, disease prevention, health care delivery, medical education methods, curriculum development in internal medicine, and more. We also publish the *SGIM Forum*, which offers articles, essays, thought pieces, and editorials on healthcare issues.

7. Given SGIM's mission of cultivating innovative researchers who can lead the way to better health for everyone, SGIM has benefited from the work of the Agency for Healthcare Research and Quality (AHRQ) in funding and encouraging health services research that helps to improve the quality of health care so that it is safe, timely, effective, efficient, equitable, and patient-centered. Many of SGIM's members have benefited from AHRQ's unique role, consistent with its mandate from Congress, in supporting health services research that focuses on primary care and/or patient safety.

8. SGIM members have historically relied on grant funding from AHRQ—the only dedicated federal funder of primary care research and the only agency focused specifically on healthcare quality and efficacy—to support their work. We thus have many members who have been directly and immediately harmed by the recent shutdown of AHRQ grantmaking functions.

9. Given the harms our members are facing, over the last few months I and other members of SGIM’s leadership team have tracked news out of the agency. Notably, we have found evidence that AHRQ has halted all peer review—a key process that is a prerequisite to issuing any new grant awards. It is my understanding that the agency had initially planned to hold meetings of its various study sections in May and June of 2025. Based on information from the Internet Archive’s Wayback Machine, I have noted that, as of February 1, 2025, AHRQ’s website indicated that its study sections were all set to meet at least once between May 22 and July 21 of this year. A true and correct copy of that webpage, as posted on the Internet Archive, is attached here as Exhibit A. However, when AHRQ’s website was checked more recently, that page did not list any meetings of the study sections this year. A true and correct copy of that webpage, as posted on AHRQ’s website as of August 18, 2025, is attached here as Exhibit B.

10. The failure of AHRQ’s grantmaking function has harmed SGIM’s members in 3 ways: (1) grant proposals they submitted were never reviewed by AHRQ; (2) grant proposals they submitted were favorably reviewed but not funded; and (3) grants they were previously awarded have not received continuation funding.

11. In the last year, multiple SGIM members submitted applications for new grant funding with AHRQ, and those grants have not moved through the review process or received consideration as they ordinarily would have, were the agency operating as it had before the reduction in force (RIF). Some of those members had applications that had already been through

the agency's peer review process, and they had received outstanding scores (e.g., in the top 5% of all applications) from the relevant study section reviewing their work. In typical years, such high-scoring applications were virtually certain to be considered above the "funding threshold" and to receive a grant award from the agency. However, these and other SGIM members have not received an answer from AHRQ on their applications, compromising their ability to plan their research and other priorities for the coming year.

12. Other SGIM members had grant applications pending that had not yet been assigned to a study section for peer review at the time of the RIF, and that have been stuck in limbo since at least the end of March 2025. Those applicants have been left without feedback on their project proposals and without any prospect of receiving funding from AHRQ.

13. The delay in a final decision about funding has left investigators without sufficient funding to fully cover their salaries or the salaries of their research teams. The uncertainty about a final decision also has limited their ability to pursue other funding sources for the high-quality, important studies they have designed. These studies would help to improve the delivery of health care by focusing on important problems such as how to use new tools in electronic health records to facilitate care and reduce the documentation burden that is contributing to the burnout of many physicians, and how to improve transitions of care for older patients. The investigators generally spent 100 or more hours preparing the grant applications with the expectation that they would receive fair consideration of funding.

14. An egregious example of the agency's failure to review applications is the stalled progress on a major Request For Application (RFA) for State-based Healthcare Extension Cooperatives to Accelerate Implementation of Actionable Knowledge into Practice (HS-24-004). SGIM members worked on several applications that were submitted in response to this RFA. Based

on information from our members who were involved in the proposals submitted for Ohio, Tennessee, and Alabama, we have learned that these applications involved a massive amount of work, ranging from 775 to more than 3100 person-hours of labor per application to organize the partnerships and develop the plans for state-based healthcare extension cooperatives. Preparation of these applications came with significant opportunity costs, including time the investigators could have spent pursuing other initiatives. The plans in the proposals included engagement with multiple medical centers, safety net providers, community-based organizations, professional societies, and governmental partners. The projects' goals focused on improving American healthcare, with an emphasis on integrating person-centered behavioral health care and primary care in communities throughout each state. The agency has informed applicants that it no longer plans to review any of these applications.

15. The shutdown of AHRQ's grantmaking capacity has also harmed SGIM members who needed approval from AHRQ to receive continued funding on multi-year projects that were previously awarded. Typically, AHRQ grants cover research initiatives that are multi-year in scope. When researchers, including SGIM members, apply for funding from AHRQ, the initial award provides funding for the first year and sets out a project period, during which the grantee is eligible for continuation funding without going through a competition. AHRQ typically grants those non-competing continuation awards quickly, and denial of continuation funding is rare.

16. This year, however, many SGIM members with AHRQ grant funding waited much of the spring and summer for news on whether they would receive a continuation award as expected. SGIM members had active grants with AHRQ that were funded through the latest fiscal year, but there were long delays in receiving the renewals or extensions for additional project years that the agency typically had authorized quickly. The grants focus on important problems in the

healthcare system, such as the growing problem with antibiotic resistance associated with healthcare acquired infections that increase the risk of serious morbidity and mortality in hospitals. The delays created financial problems for research teams because they cannot be certain about receiving the continued funding needed to retain the research staff that support their work. Without the assurance of continued funding for ongoing projects, research teams led by or including SGIM members lost staff and thereby lost continuity in their projects, reducing efficiency and jeopardizing the viability of the projects going forward.

17. SGIM members with active grants have also been adversely impacted by AHRQ's reduction in the workforce because they no longer have access to scientific project officers, who had been responsible for working with investigators to ensure that research proceeds in a timely manner. When communication between research teams and AHRQ staff was interrupted or delayed, these members' research projects were delayed. This problem is magnified when unexpected issues arise that require discussion with the project officer at AHRQ responsible for oversight of the research.

18. It is my understanding, based on information from SGIM members, that in July 2025 the director of one of the AHRQ offices charged with overseeing the grant process sent an email to applicants for certain grants indicating that the agency no longer had any capacity to issue continuation grant awards. That means the SGIM members with pending requests for non-competing continuation funding have essentially no prospect of receiving funding before this fiscal year runs out. This loss of funding will be devastating for those SGIM members who had made plans and commitments based on expected continuation of their AHRQ grant funding for multi-year projects. With the unexpected interruption of funding they relied on to cover their own salary support and the salaries of their research teams, the investigators may lose their employment and

be forced to terminate employment of research team members and/or abandon the research they devoted themselves to pursuing. These SGIM members have been left scrambling to find new sources of research funding, which is difficult when the process of obtaining research funding usually requires many months for development and review of proposals.

19. AHRQ was one of the major funders of early career researchers working in internal medicine and primary care, through its institutional training grant and individual career development award programs. Many SGIM members received support in their early career through such awards, and those awards are crucial to developing the research careers of academic general internal medicine physicians.

20. Young physicians have lost a key opportunity to pursue advanced training in the methods of health services research and primary care research because of the loss of funding for AHRQ's T32 grants. For those young physicians who had planned to pursue research training through a T32 grant starting in July 2025, the unexpected termination of grant funding leaves them in a precarious position without support for their training or for the salary support they would have received from the T32 grant. Many of these physicians will be forced to abandon their aspirations for pursuing a research-oriented career. This will dramatically shrink the research workforce pipeline the country needs to advance improvements in healthcare delivery, healthcare quality, and patient safety. It will also place the United States at a competitive disadvantage versus other countries due to this lost generation of health care researchers.

21. Young SGIM members also have lost a key opportunity to further develop their skills and interests in health services research and primary care research because of the loss of funding for career development ("K") awards. For example, two members submitted career development award proposals that were very highly rated in the peer review process that was

completed before the workforce reduction at AHRQ. One of the proposals focused on launching a career in research on reducing diagnostic errors in clinical practice, an enormous problem that threatens the health of people in all areas of the country. The 3-year career development award should have started in April 2025. When the AHRQ project officer responsible for overseeing that application was terminated, the agency failed to assign anyone to take over that responsibility, leaving the applicant without a means to determine when an award decision would be made. The resulting delay and uncertainty impaired the applicant's ability to retain a faculty position that depends on success in obtaining external funding. The loss of these career development awards also will adversely affect our members who have leadership positions in healthcare systems because they need more clinicians with expertise in the types of research that can address the problems that interfere with delivery of high-quality care. SGIM does not have the financial resources to make up for the early career support grants that AHRQ previously awarded.

22. SGIM members engaged in primary care research face the sudden loss of a major source of support because AHRQ's National Center for Excellence in Primary Care Research (NCEPCR) is the only federal entity that has been charged by Congress to provide support for extramural primary care research. The NCEPCR was set up in AHRQ's Center for Evidence and Practice Improvement, which was previously led by a long-time SGIM member. Elimination of funding for the NCEPCR's extramural research means that AHRQ will no longer provide the evidence and practical tools that researchers, clinicians, and healthcare leaders need to improve the quality and safety of care in the nation's primary care system. Although AHRQ has developed many valuable tools to support primary care clinicians (e.g., How to Create a My Medicines List for patients, Question Builder app to help patients prepare for medical appointments, Evidence NOW tools for implementing evidence into practice, tools for integrating behavioral health into

primary care, and a tool offering strategies to minimize burnout in primary care clinicians), it will not be able to keep the tools up-to-date in a rapidly changing healthcare system without ongoing research. In addition, without any grant administration staff, AHRQ will no longer be able to support training of the next generation of primary care researchers, despite its congressional mandate to do so and contrary to commitments the agency has made over the last several years.

23. SGIM members engaged in primary care research also face the loss of extramural research grant funding that helped to support the work of primary care practice-based research networks (PBRN). PBRNs have an important role in improving healthcare because they engage practicing clinicians in asking and answering clinical and organizational questions about problems in primary care. AHRQ set up the PBRNs in response to the 1999 legislation (Public Law 106-129) reauthorizing and renaming the Agency. In that 1999 legislation, AHRQ was directed to use research strategies and mechanisms that link research directly with clinical practice in geographically diverse locations throughout the country, including use of “provider-based research networks especially (in) primary care.” AHRQ will not be able to sustain the research done by PBRNs because it has halted all external grantmaking.

Executed on August 20, 2025, in Baltimore, MD.

I declare under penalty of perjury that the foregoing is true and correct.

A handwritten signature in black ink that reads "Eric B Bass". The signature is written in a cursive style and is positioned above a horizontal line.

Eric B. Bass, MD

EXHIBIT A



Agency for Healthcare Research and Quality [\(https://www.ahrq.gov/web/20250201172535/https://www.ahrq.gov/\)](https://www.ahrq.gov/web/20250201172535/https://www.ahrq.gov/)

Scientific Peer Review Meeting Schedules

Sign up: [Grants Review Process Email updates](#)

https://web.archive.org/web/20250201172535/https://subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new?topic_id=USAHRQ_130

Standing Study Section Scientific Review Meeting Schedules, 2025

Study Section	SRO/PA Team	February 2025	June 2025	October 2025
Health Care Effectiveness and Outcomes Research (HEOR)	Calton/Lewis	February 5-6	June 11-12	October 9-10
Healthcare Research Training (HCRT)	Aschrafi/ Bonhomme	February 27-28	May 22-23 July 21	October 16- 17
Healthcare Information Technology Research (HITR)	Aponte/Lewis	February 27-28	June 5-6	October 23-24
Healthcare Systems and Value Research (HSVR)	Hsieh/ Thompson	February 13-14	June 4-5	October 9-10
Healthcare Safety and Quality Improvement Research (HSQR)	Banerjee/ Johnson	February 5-6	May 28-29	October 8-9

Page last reviewed November 2024

Page originally created November 2010

EXHIBIT B



Agency for Healthcare Research and Quality [\(https://www.ahrq.gov/\)](https://www.ahrq.gov/)

Scientific Peer Review Meeting Schedules

Sign up: [Grants Review Process Email updates \(https://subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new?topic_id=USAHRQ_130\)](https://subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new?topic_id=USAHRQ_130)

Standing Study Section Scientific Review Meeting Schedules, 2025

Page last reviewed February 2025

Page originally created November 2010

EXHIBIT 4

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., *et al.*,
Defendants.

Case No.

DECLARATION OF ALAN KATZ

I, Alan Katz, MD, declare as follows:

1. I am the incoming President of the North American Primary Care Research Group (NAPCRG).
2. This declaration is based on my personal knowledge and information that has been shared with me by NAPCRG staff and members in my professional capacity.
3. NAPCRG is a nonprofit membership organization headquartered in Leawood, Kansas. NAPCRG was founded in 1972 by a group of researchers from the United States and Canada to serve as a bi-national, interdisciplinary organization focused on primary care research.
4. With around 1,000 members globally, NAPCRG is the world's largest organization devoted to research in family medicine, primary care, and related fields such as epidemiology, behavioral sciences, and health sciences research. Our mission is to nurture primary care researchers working to improve health and health care for patients, families, and communities.
5. To support that mission, NAPCRG operates a number of programs for members and for the primary care research community more broadly. We operate training programs to help

family medicine departments and residency programs, as well as individual early-career researchers, develop research projects and secure funding from government and other sources to conduct primary care research. In addition, our Patient and Clinical Engagement Program works, through trainings and conferences, to develop a community of patients and primary care providers focused on increasing the use of patient-centered outcomes in primary care research. We also host several conferences to convene researchers and policymakers, including an annual research conference to share the latest developments in the field.

6. Over the years, NAPCRG and its members have relied substantially on the work of the Agency for Healthcare Research and Quality (AHRQ) to advance our shared goals of improving the provision of primary care through the incorporation of evidence-based practices. Both NAPCRG and our members have relied substantially on grant funding from AHRQ, the only dedicated federal funder of primary care research. We and our members have been directly and immediately harmed by the recent shutdown of AHRQ grantmaking functions.

7. Since 2012, NAPCRG has received grant funding from AHRQ to support an annual conference for Practice-Based Research Networks (PBRN). PBRNs are an innovative mechanism for bringing the latest research evidence into the care that patients receive. Through these networks, practicing clinicians draw on their experiences providing care to patients to identify, frame, and investigate research questions, and to translate research findings into usable insights that improve the practice of primary care. As part of the legislation creating AHRQ, Congress directed AHRQ to use research strategies that link research directly with clinical practice, naming PBRNs as one mechanism of improving primary care practice.

8. At the time that AHRQ halted making new grants, NAPCRG had a pending application for a grant to support our PBRN conference for 2026, 2027, and 2028. It is my

understanding that the grantmaking apparatus for AHRQ has now been entirely dismantled, leaving no staff to review our application, put it through the required peer review process, or ultimately decide whether to continue funding our PBRN conference. We are concerned that we will lose out on key support for this ongoing initiative, which has become an important opportunity for our members and other primary-care researchers to share insights and best practices that inform the provision of research-based primary care for patients.

9. Without grant support from AHRQ, we will have to cancel the Practice Based Research Network Conference as it will not be possible to hold it without the grant support. “Without grant support from AHRQ, we will have to scale back our plans for this conference, we will have to divert our program resources from other priorities...”]

10. NAPCRG members have similarly been harmed by the halting of AHRQ’s grantmaking functions.

11. Multiple NAPCRG members have pending applications for grant funding with AHRQ, and those grants have not moved through the review process or received consideration as they would have if the agency were operating as it had before the reduction-in-force of key AHRQ grantmaking staff.

12. Some NAPCRG members had recently submitted grant applications at the time that the agency stopped reviewing new proposals, so they have not had their applications put through the required peer review process. These NAPCRG members have been left without valuable feedback on their project proposals, which could have allowed even unsuccessful applicants to revise and resubmit applications to AHRQ or other funders in the next application cycle. This delay has set back those researchers’ timelines considerably. And without an answer from AHRQ on whether they will receive funding, NAPCRG members with pending applications have reported

to me and NAPCRG staff that they have been left with substantial career uncertainty, unable to move forward with planned projects or without financial support necessary to maintain or seek their positions.

13. Other NAPCRG members had applications that had already been through the peer review process but that have still have not been funded by the agency as they ordinarily would. Indeed, NAPCRG has members with pending grant applications who had received good scores from the relevant study section reviewing their work—suggesting that their projects were very likely to be funded. But these and other NAPCRG members have reported to NAPCRG that they have not received answers from AHRQ on those applications. Again, those NAPCRG members have been left scrambling to find substitute funding and will at a minimum face substantial delay in their careers and research plans, as it can take months or years to begin the cycle of funding applications again.

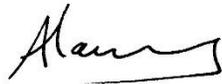
14. Finally, NAPCRG also has members with active grants with AHRQ that were funded through the latest fiscal year. Those members have been left waiting for months to receive continuation funding for the next year of their project, which AHRQ typically had authorized quickly and without much additional delay or process. It is my understanding that AHRQ no longer has any grantmaking staff or ability to make grants, meaning those NAPCRG members waiting for continuation funding will not receive any. These members have invested time and resources into ongoing projects that they will either need to find substitute funding to continue or abandon entirely. This will mean wasted resources, lost time, and less research into how to improve the quality and efficacy of the care that patients receive.

15. Without grant funding from AHRQ for this important research, the field of primary care research will suffer immeasurably. The NAPCRG PBRN Conference is not just at risk of

being discontinued, but it is on the brink of a crisis that could reverberate across the entire primary care research enterprise. The loss of critical research funding for NAPCRG members would bring countless evidence-based studies to a halt, leaving major gaps in knowledge that directly impact patient care. Without these studies, the health, safety, and well-being of millions of Americans could be severely compromised. The stakes could not be higher, and the consequences of inaction are nothing short of dire.

Executed on August 19, 2025, in Winnipeg, Manitoba .

I declare under penalty of perjury that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read "Alan Katz", with a horizontal line underneath the name.

Alan Katz

EXHIBIT 5

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP,, et al.,
Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,
Defendants.

Case No.

DECLARATION OF AMAL N. TRIVEDI

I, Amal N. Trivedi, MD, declare as follows:

1. This declaration is based on my personal knowledge, information, and belief.
2. I am a general internist and health services researcher and I currently am a Professor of Health Services, Policy and Practice and a Professor of Medicine at Brown University. I submit this declaration in my personal capacity and not as a representative of Brown University.
3. I am a member of the Society of General Internal Medicine.
4. I currently serve as the principal investigator on a National Research Service Award (T32) that Brown received in 2023 from the Agency for Healthcare Research and Quality (AHRQ), a component of the Department of Health and Human Services. This award funds a pre- and postdoctoral fellowship program to train early-career health services researchers in research methods and in crucial topics to patient care like gerontology, long-term care, and chronic disease management.
5. In my capacity as principal investigator, I regularly communicated over the past

several years with staff from AHRQ about the management of our award, including the process for receiving continuation funding that allows us to fund pre- and postdoctoral fellowships each year.

6. On July 10, 2025, I and other principal investigators on AHRQ T32 awards received an email from Francis D. Chesley, Jr., the Director of AHRQ's Office of Extramural Research, Education, and Priority Populations. In that email, Dr. Chesley "confirm[ed] the availability of" National Research Service Awards and stated that "AHRQ is making the FY2025 awards."

7. Approximately two weeks later, on July 23, 2025, that same group received an "[u]pdate" email from Dr. Chesley. That email stated: "As a result of recent reduction in force at HHS, AHRQ's grants management staff were separated from Federal service on July 14, 2025. We are currently unable to process grant awards and are evaluating options for our grant program. With the permanent separate of these staff, FY2025 funding of non-competing applications is uncertain. If your program has candidates who have other fellowship option, I suggest they take advantage of the other opportunity."

8. A true and correct copy of the emails referenced in paragraphs 5 and 6 is attached as Exhibit A, with recipient contact information redacted.

Executed on August ___, 2025.

I declare under penalty of perjury that the foregoing is true and correct.

Amal Trivedi Digitally signed by Amal Trivedi
Date: 2025.08.18 16:04:29 -04'00'

Amal N. Trivedi

EXHIBIT A

From: "Chesley, Francis (AHRQ/OEREP)" <Francis.Chesley@ahrq.hhs.gov>

Date: July 23, 2025 at 9:55:43 AM PDT

To:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Amal_Trivedi@brown.edu, [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Subject: Update: FY2025 AHRQ NRSA T32 Awards

Good afternoon,

As a result of recent reduction in force at HHS, AHRQ's grants management staff were separated from Federal service on July 14, 2025. We are currently unable to process grant awards and are evaluating options for our grant program. With the permanent separate of these staff, FY2025 funding of non-competing applications is uncertain.

If your program has candidates who have other fellowship option, I suggest they take advantage of the other opportunity.

Please let me know if there are questions.

Francis

Francis D. Chesley, Jr., M.D.
Director, Office of Extramural Research, Education, and Priority Populations
Agency for Healthcare Research and Quality
5600 Fishers Lane, Rm 06N16
Rockville, MD 20857
(301) 427-1521
francis.chesley@ahrq.hhs.gov

From: Chesley, Francis (AHRQ/OEREP)

Sent: Thursday, July 10, 2025 7:19 AM

To: [REDACTED]
'Amal_Trivedi@brown.edu' [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Cc: [REDACTED]
[REDACTED]

Subject: RE: FY2025 AHRQ NRSA T32 Awards

Good morning,

I am confirming the availability of NRSA funds. AHRQ is making the FY2025 awards. I will follow up with timing of NOAs.

Please pardon this unavoidable delay.

Best,
Francis

Francis D. Chesley, Jr., M.D.
Director, Office of Extramural Research, Education, and Priority Populations
Agency for Healthcare Research and Quality
5600 Fishers Lane, Rm 06N16
Rockville, MD 20857
(301) 427-1521
francis.chesley@ahrq.hhs.gov

EXHIBIT 6

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP, et al.,
Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,
Defendants.

Case No.

DECLARATION OF JEFFREY SCHNIPPER

I, Jeffrey Schnipper, MD, declare as follows:

1. This declaration is based on my personal knowledge, information, and belief.
2. I am a general internist and clinical researcher in Massachusetts. I submit this declaration in my personal capacity and not as a representative of my institution.
3. I am a member of the Society of General Internal Medicine.
4. I submitted an application for grant funding to the Agency for Healthcare Research and Quality (AHRQ) in October 2024. My proposal would have made improvements to the patient portal within our electronic health record to better engage patients and their families in their care while hospitalized, potentially leading to more patient-centered care and better outcomes during and after the hospitalization.
5. My application was peer reviewed by one of AHRQ's study sections in February 2025. After that peer review meeting, I received positive feedback indicating that my grant had scored within the top 5% of grant applications, which in any other year would be virtually guaranteed to be funded. However, since that peer review meeting was held, I have heard no further

update from the agency on the status of my application or whether it will be funded. I have checked the status of my application on eRA Commons, a grants management platform managed by the National Institutes of Health. I have also been in regular contact with the AHRQ program official for this funding announcement. As of the date of this declaration, eRA Commons indicates that my application is still pending Advisory Council review. This council review meeting should have taken place in May 2025, and the grant should have started in July 2025. The program official is not able to provide any updates regarding the status of this application.

6. As a result, I am currently underfunded. Potential options include taking a cut in salary or doing more clinical work. The latter can be fatal to a research career because it leads to a vicious cycle of less time to apply for future grants, less research funding, and the need to do ever more clinical time. Patients and the U.S. health care system also suffer because the benefits to society of this study will never be realized, including the potential of digital tools to better engage hospitalized patients in their own care. I estimate spending at least 120 hours developing the science for this proposal, working with collaborators, and preparing the grant application. That is an opportunity cost that could have been spent writing other grant applications to an organization that would have funded it. I now have to spend dozens more hours applying for grants elsewhere, which takes time from my other research activities, thus jeopardizing their success as well.

Executed on August 19, 2025, in Boston, MA.

I declare under penalty of perjury that the foregoing is true and correct.



Jeffrey Schnipper

EXHIBIT 7

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,

Defendants.

Case No.

DECLARATION OF HECTOR P. RODRIGUEZ

I, Hector P. Rodriguez, declare as follows:

1. This declaration is based on my personal knowledge, information, and belief.
2. I am a member of the North American Primary Care Research Group or NAPCRG.

I am also an elected member of the National Academy of Medicine.

3. I am a health services researcher who examines the impact of organizational innovations on health care access, quality of care, and patient-centered outcomes. I am the Kaiser Permanente Endowed Professor of Health Policy and Management and the co-Director of the Center for Health Management and Policy Research at the University of California, Berkeley. I submit this declaration in my personal capacity and not as a representative of my institution.

4. I currently serve as the principal investigator of a National Research Service Award (T32) that the University of California, Berkeley, received from the Agency for Healthcare Research and Quality (AHRQ), a component of the Department of Health and Human Services. The award was slated for non-competitive renewal for July 1, 2025, as part of a 5-year (2023–2028) traineeship. With the traineeship, UC Berkeley and our partner institution UCSF have

addressed the need for quantitative health services researchers through interdisciplinary graduate degree and postdoctoral training programs in health services and health policy research. The programs and individual faculty from both campuses have collaborated on many levels for over 30 years, serving as members of PhD dissertation committees at UC Berkeley and as postdoctoral research and career mentors at UCSF. Training program alumni have made important advances in health policy, including generating evidence about the comparative effectiveness of clinical personalized medicine, organizational approaches for high quality learning healthcare systems, motivating and shaping behaviors of payers, physicians, teams, and patients, and using data science approaches to efficiently address the population health needs of American communities.

5. In my capacity as principal investigator, I regularly communicated over the past several years with staff from AHRQ about the management of our award, including the process for receiving continuation funding that allows us to fund postdoctoral fellowships each year.

6. On July 23, 2025, I and other principal investigators of AHRQ T32 awards across the country received an email from Francis D. Chesley, Jr., the Director of AHRQ's Office of Extramural Research, Education, and Priority Populations. In that email, Dr. Chesley informed us that the agency was "currently unable to process grant awards" and that "FY2025 funding of non-competing applications is uncertain."

7. The loss of these traineeships will have an immediate, negative impact on the pipeline of rigorously trained health services researchers and health policy leaders. The loss of the traineeships will also negatively impact the use of evidence-based information for decision-making for public health and health care systems. In response to the loss of the AHRQ T32 funding, we are no longer recruiting postdoctoral fellows. Without AHRQ funding, the UCSF postdoctoral program will likely be discontinued. The UC Berkeley Health Policy PhD program has now paused

program admissions for the cohort that would have started in Fall 2026. The PhD program has increased work requirements for current trainees in order to backfill their financial support, which will likely negatively impact their time to degree completion. Funding to assist our PhD and postdoctoral trainees with purchasing equipment, software, and data has also now been discontinued. Travel funds to attend scientific conferences is being dramatically reduced, which will limit trainee professional development and networking opportunities, negatively impacting their job placement outcomes. The loss of health services and health policy research training dramatically reduces our nation's ability to use rigorous research evidence to address the nation's most pressing public health and health care policy priorities.

Executed on August 18, 2025.

I declare under penalty of perjury that the foregoing is true and correct.



Hector P. Rodriguez

EXHIBIT 8

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP, et al.,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,

Defendants.

Case No.

DECLARATION OF LUCY SCHULSON

I, Lucy Schulson, MD, MPH, declare as follows:

1. This declaration is based on my personal knowledge, information, and belief.
2. I am a general internist and early career health services researcher. I am an Assistant Professor of Medicine at Boston University Chobanian & Avedisian School of Medicine. I submit this declaration in my personal capacity and not as a representative of my institution.
3. I am a member of the Society of General Internal Medicine.
4. I applied to the Agency for Healthcare Research and Quality (AHRQ) in June 2024 for funding for a K08 award, a mentored career development grant program that supports early career health services researchers. My proposal would have examined the extent to which diagnostic errors of common but serious medical conditions (heart failure, stroke, and acute coronary syndrome) occur, worked to uncover the root cause of diagnostic errors in the ambulatory setting, and developed an implementation strategy to reduce diagnostic errors in primary care. The proposal would also have supported my career development as a clinician investigator in diagnostic error.

5. My application was peer reviewed by one of AHRQ's study sections in October 2024. After the peer review process, I received a score of 24 (8th percentile) indicating that my grant had a score better than 92% of grant applications. I spoke several times with my program officer who indicated that scores this good essentially always are successful and that I should prepare for my proposal to be funded. I was advised *against* preparing a resubmission given the score. However, the AHRQ Council meeting scheduled for late January was canceled. After that, I spent months without any contact from the agency. I finally was able to identify a new program officer who, despite what I had been told previously, informed me on June 9, 2025, that my grant would not be reviewed by the council.

6. I have checked the status of my application on eRA Commons, a grants management platform managed by the National Institutes of Health. As of the date of this declaration, eRA Commons indicates that my application is pending council review.

7. This delay has serious implications for my early-career funding timeline. I was awarded a three-year start-up package from my institution, which is set to expire in July 2026. I took early initiative by submitting my K award well in advance to ensure a seamless transition from institutional to extramural support. However, due to the lack of timely updates and guidance, I now face a high likelihood of a funding gap after my start-up package ends. This is despite having taken appropriate and proactive steps to secure future funding.

8. This experience has not only caused significant professional stress and time loss but has also jeopardized my ability to maintain protected research time, hire research staff, and continue the momentum I've built in my early career as a clinician investigator.

9. I spent months preparing my K award at the expense of pursuing other grant opportunities and writing additional manuscripts. I did not initiate a revision or new submission

because I had been told this grant would likely be funded. If I do not receive funding from AHRQ to support this project, I may not be able to continue my work focusing on making care safer for all patients.

Executed on August 19, 2025, in Boston, MA.

I declare under penalty of perjury that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read 'Lucy Schulson', is written over a horizontal line. The signature is cursive and somewhat stylized.

Lucy Schulson

EXHIBIT 9

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,
Defendants.

Case No.

DECLARATION OF TRYGVE DOLBER

I, Trygve Dolber, declare as follows:

1. This declaration is based on my personal knowledge, information, and belief.
2. I am a general psychiatrist and early career clinician-scientist. I am an assistant professor at Case Western Reserve University in the Departments of Psychiatry and Internal Medicine and a psychiatrist at University Hospitals Cleveland. I submit this declaration in my personal capacity and not as a representative of my institution.
3. I am a member of the Society of General Internal Medicine.
4. I submitted an application for grant funding to the Agency for Healthcare Research and Quality (AHRQ) in February 2025. My proposal would have gathered information on emotional factors leading women to avoid preventive breast cancer screening and used AI to predict those emotional factors based on medical charts, ultimately working to help women make a more informed choice and feel more comfortable with the screening process. A major goal of this project would be to increase breast cancer survival. I also would have developed and refined a method that could then be extended to all types of decisions regarding medical care.

5. I have checked the status of my application on eRA Commons, a grants management platform managed by the National Institutes of Health. As of the date of this declaration, eRA Commons indicates that my application was referred to Scientific Review Group review on February 12, 2025. However, I have not received any communication from AHRQ about my grant application, as I would expect if my grant had in fact been evaluated by the review group. I emailed the Scientific Review Officer assigned to the grant on April 7, 2025, and received no response.

6. I spent a substantial portion of last year preparing my AHRQ grant application, at the expense of time spent pursuing other funding opportunities. As of now, I have not even received the feedback on my application that I would have expected through the peer review process. That feedback could have been useful, even if I was not awarded a grant this cycle, to help me revise and refine my proposal and resubmit to AHRQ or other funding sources. If I do not receive funding from AHRQ to support this project, I will not be able to fund my development as a clinician-scientist, and consequently will not be able to devote time to this project. I have already been forced to explore other career options, and my scientific training, as well as this project, will be—at best—delayed by years.

Executed on August 20, 2025, in Cleveland, Ohio.

I declare under penalty of perjury that the foregoing is true and correct.



Trygve Dolber

EXHIBIT 10

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP, , et al.,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,
Defendants.

Case No.

DECLARATION OF JEFFREY A. LINDER

I, Jeffrey A. Linder, MD, MPH, FACP, declare as follows:

1. This declaration is based on my personal knowledge, information, and belief.
2. I am a primary care researcher. I am the Michael A. Gertz Professor of Medicine and Chief of the Division of General Internal Medicine at the Northwestern University Feinberg School of Medicine. I submit this declaration in my personal capacity and not as a representative of my institution.
3. I am a member of the Society of General Internal Medicine.
4. I submitted an application for grant funding to the Agency for Healthcare Research and Quality (AHRQ) in February 2023 (an initial, non-funded version was submitted in June 2022). The project was approved for funding, and the project period was September 30, 2023, to July 31, 2028. My project, titled “Patient-Centered Stewardship to Improve Antibiotic Use in Ambulatory Care,” seeks to understand and address antibiotic use and develop methods for decreasing unnecessary antibiotic use among high-antibiotic-using individuals. The ultimate goal of this work is to decrease antibiotic-resistant infections. Antibiotic-resistant infections annually sicken 3 million and kill 35,000

Americans.

5. This project has 5-year budgeted subcontracts to the Children's Hospital of Philadelphia (Pennsylvania) for \$548,578 and the University of Utah for \$798,127.

6. We are awaiting notification of our non-competing award for Year 3 of the project, which was due to start August 1, 2025. We submitted our Year 2 Research Performance Progress Report (RPPR) on time. For Years 1 and 2, we have heard back in June about July funding. Communication with AHRQ indicates AHRQ now has no grants specialists nor a Grants Management Division at all.

7. Because there has been such a delay in hearing back from AHRQ on whether we will receive our Year 3 grant funding, we have slowed work and have not begun work that would heavily engage our colleagues at the University of Utah.

Executed on August 20, 2025, in Chicago, Illinois.

I declare under penalty of perjury that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read "J. Linder", with a small "mb" written below the end of the signature.

Jeffrey A. Linder, MD, MPH, FACP

EXHIBIT 11

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP, et al.,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,
Defendants.

Case No.

DECLARATION OF SHARI BOLEN

I, Shari Bolen, MD, MPH declare as follows:

1. This declaration is based on my personal knowledge, information, and belief.
2. I am a general internal medicine physician and physician researcher focused on improving the quality of health care that people receive in primary care. I am a Professor in the Department of Medicine at MetroHealth Medical Center and Case Western Reserve University. I submit this declaration in my personal capacity and not as a representative of my institution.
3. I am a member of the Society of General Internal Medicine.
4. I submitted an application for cooperative agreement funding to the Agency for Healthcare Research and Quality (AHRQ) in January 2025. The application was in response to AHRQ's call for applications to establish and support state-based Healthcare Extension Cooperatives.
5. Ohio has one of the highest rates of selected behavioral health conditions in the nation, and has rising rates of depression, suicide, and deaths related to alcohol and drugs. We proposed establishing a statewide Cooperative called the Healthy Ohio Partnership Extension

Services (HOPES) to support primary care practices in advancing behavioral health using quality improvement, community engagement and workforce development. To do this, the investigators would work with primary care teams, patients, families, payers, public health and other partners to establish the Cooperative and codesign a behavioral health intervention that clinics in Ohio could use with partners to reduce depression, suicide, unhealthy alcohol use and unhealthy drug use for those at highest risk.

6. I have checked the status of my application on eRA Commons, a grants management platform managed by the National Institutes of Health. As of the date of this declaration, eRA Commons indicates that my application is “pending IRG,” which means that it is pending peer review. However, on May 6, 2025, I received an email from AHRQ stating that “AHRQ is not moving forward with peer review and funding consideration” and that “there are no current plans at this time to reissue the funding announcement.” I have not received any further communication from AHRQ about my application, as I would expect if my proposal had in fact been evaluated by the study section.

7. Given the need to engage multiple partners across the state (6 subcontracts and over 35 letters of support), our core team and partners put in over 2500 hours of work (estimated conservatively over \$250,000 in lost time) over 3–4 months to develop, write and submit the proposal. This is time that could have been spent submitting a different grant proposal or completing other work.

8. More importantly, we have lost the ability to establish a statewide Cooperative that would have used evidence-based strategies across the state to improve behavioral health overall and especially in rural areas. Given Ohio’s increased suicide rates, drug use, alcohol use, and depression, this lost opportunity to improve the lives of Ohioans is disappointing.

Executed on August 20, 2025 in Cleveland, Ohio.

I declare under penalty of perjury that the foregoing is true and correct.



Shari Bolen, MD, MPH

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

SOCIETY OF GENERAL INTERNAL
MEDICINE & NORTH AMERICAN
PRIMARY CARE RESEARCH
GROUP,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., et al.,
Defendants.

Case No. 8:25-cv-2751-BAH

[PROPOSED] ORDER GRANTING PRELIMINARY INJUNCTION

Upon consideration of Plaintiffs' motion for a preliminary injunction and accompanying memorandum of law, it is hereby

ORDERED that the motion is **GRANTED**.

It is further **ORDERED** that Defendants are **ENJOINED** to restart the review of Agency for Healthcare Research and Quality (AHRQ) grant applications and the award of grants using AHRQ's appropriated funds; and

It is further **ORDERED** that Defendants are **ENJOINED** to make available for obligation all funds that were appropriated to AHRQ for grantmaking in fiscal year 2025; and

It is further **ORDERED** that the deadline for AHRQ to obligate funds for grants in the Full-Year Continuing Appropriations Act, Pub. L. No. 119-4, *id.* § 1106, shall be extended and those funds shall be available for obligation throughout the pendency of this litigation.

SO ORDERED.

Date: August __, 2025

U.S. District Judge