

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

SOCIETY OF GENERAL INTERNAL
MEDICINE, ET AL.,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., ET AL.,

Defendants.

Case No.: 8:25-cv-02751-BAH

DEFENDANTS' MOTION TO DISMISS

Defendants, by and through undersigned counsel, hereby move to dismiss this case for lack of subject matter jurisdiction pursuant to Federal Rule of Civil Procedure 12(b)(1) and for failure to state a claim pursuant to Federal Rule of Civil Procedure 12(b)(6). Defendants' arguments in support of this motion are fully set forth in the attached Memorandum of Law.

Dated: January 20, 2026

Respectfully submitted,

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Defendants, by and through undersigned counsel, hereby submit this Memorandum of Law in Support of Their Motion to Dismiss (the “Motion”).

INTRODUCTION¹

Defendant Agency for Healthcare Research and Quality (AHRQ), a component agency of the Department of Health and Human Services (HHS), is responsible for improving the quality and safety of healthcare delivery in the United States. Congress appropriated \$369 million to AHRQ for fiscal year 2025. This appropriation was a lump-sum that could be used for any purpose in furtherance of AHRQ’s mission. Among other activities, AHRQ supports health services research through grant funding. Plaintiffs are organizations whose members (or in the case of one Plaintiff, itself) have grant applications pending with AHRQ and hope to receive a portion of the lump-sum funds appropriated to AHRQ.

On August 21, 2025, Plaintiffs filed a Complaint for Declaratory and Injunctive Relief, ECF No. 1 (the “Complaint” or “Compl.”), asserting five claims under the Administrative Procedure Act, 5 U.S.C. § 551 *et seq.* (the “APA”), each premised on allegations that AHRQ unlawfully shut down its grant program in the summer of 2025. Since the filing of the Complaint, it has become clear as a matter of public record that this central allegation is untrue. According to the Tracking Accountability in Government Grants System (TAGGS) database, a publicly available source of HHS grants on which Plaintiffs themselves rely, by the 2025 fiscal year-end, AHRQ spent \$94,121,718 on grants, including \$39,294,716 since this lawsuit was filed (in connection with 75 grants). Accordingly, there is simply no factual basis for Plaintiffs’ claims, and they should be dismissed.

But even in the absence of this significant development, Plaintiffs’ APA claims would still

¹ Capitalized terms used but not defined in this Introduction shall have the meaning ascribed to them in the Background section of this brief.

be subject to dismissal for lack of subject matter jurisdiction and/or failure to state a claim. First, Plaintiffs do not establish standing to bring their claims, because (among other reasons) they do not allege a cognizable injury in fact. Second, Plaintiffs do not identify a discrete and final agency action subject to judicial review under the APA. Rather, they launch a prohibited programmatic attack against the agency for alleged failures in the wholesale operation of its grant program. Furthermore, no final decision regarding the grant program has been made; rather, the agency is evaluating options on how to best move forward.

Third, Plaintiffs improperly ask this Court to compel agency action that AHRQ is not legally required to take. AHRQ's regulations bestow discretion on AHRQ's Administrator in determining whether to award any grant, providing that "the Administrator *may* award grants" for projects, which "*in the judgment of the Administrator*" will best promote the purposes underlying AHRQ's governing laws and the agency's priorities. 42 C.F.R. § 67.17(a) (emphasis added). AHRQ is also not required to evaluate every grant application it receives. Rather, when AHRQ determines to award a grant, it may only do so after having followed the procedures set forth in its governing regulations. Furthermore, Congress did not restrict the use of funds appropriated to AHRQ in any way (for example, by requiring that any specific amount be used to fund grants), nor did Congress require—via language in the Appropriations Acts or the Public Health Service Act—that AHRQ obligate the entirety of the appropriated funds in any given fiscal year. For these reasons, Defendants have not violated any statute or regulation that could support Plaintiffs' contrary-to-law claims in Counts I and II.

Regarding Count III, Plaintiffs cannot use alleged violations of the Impoundment Control Act, 2 U.S.C. § 681 *et seq.* (the "ICA"), to support their APA contrary-to-law claims, because the ICA precludes judicial review, and Plaintiffs are not within the zone of interests that the ICA was

intended to protect. Lastly, the lump-sum funding decisions that Plaintiffs challenge are committed to agency discretion by law and therefore not subject to judicial review under the APA.

For these reasons and those discussed below, Defendants respectfully request that the Motion be granted and the Complaint be dismissed.

BACKGROUND

A. The Statutory and Regulatory Framework Governing AHRQ

AHRQ was established in 1999 pursuant to title IX of the Public Health Service Act, 42 U.S.C. § 299 *et seq.* (the “PHS Act”). AHRQ’s mission is “to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health system practices, including the prevention of diseases and other health conditions.” *Id.* § 299(b). The PHS Act broadly authorizes—and with respect to certain very specific areas of health services research, directs—AHRQ’s Director to provide grants in furtherance of these goals. *E.g.*, 42 U.S.C. § 299a(b)(1) (“The Director may provide training grants in the field of health services research”); *id.* § 299b-34(a) (“The Director . . . shall award—(1) technical assistance grants or contracts to eligible entities to provide technical support to institutions that deliver health care . . .”).

AHRQ’s grantmaking is governed by a set of regulations found at 42 C.F.R. § 67.10 *et seq.* AHRQ’s regulations confer nearly unlimited discretion upon the Administrator of AHRQ in determining whether to award any grant, providing:

Within the limits of available funds, the Administrator *may* award grants to those applicants whose projects are being considered for funding, which *in the judgment of the Administrator*, will promote best the purposes of Title IX of the PHS Act . . . , AHCPR priorities, and the regulations of this subpart.

42 C.F.R. § 67.17(a) (emphasis added). In the context of awarding continuation grants (*i.e.*, funding that continues an already-approved project into a subsequent budget period, as opposed to

funding a brand new award), AHRQ's regulations further provide that "[i]n all cases, continuation awards require a determination by the Administrator that continuation is in the best interest of the Federal Government." *Id.* § 67.17(d). In addition, "[n]either the approval of any application nor the award of any grant commits or obligates the Federal Government in any way to make any additional, supplemental, continuation, or other award with respect to any approved application." *Id.* § 67.17(e). There are no statutory or regulatory requirements regarding the timing for awarding grants, nor how much money AHRQ must put towards grant funding.

Regarding the application process, AHRQ's regulations provide that "[t]o apply for a grant, an entity or individual must submit an application in the form and at the time that the Administrator requires." *Id.* § 67.14(a). AHRQ invites applications for proposed projects through the public issuance of Notices of Funding Opportunities (NOFOs). AHRQ issues NOFOs primarily via Program Announcements and Requests for Applications, depending on the specificity and priority of the research area. Program Announcements identify broad areas of interest, encourage research pipelines that the agency wants to keep open year over year, and typically do not specify a number of grants to be awarded or have set aside funding. Requests for Applications are time-limited, narrowly defined opportunities that typically indicate the estimated amount of funds set aside for the competition and number of awards. *See generally* <https://www.ahrq.gov/funding/fund-ops/index.html>.² These announcements are made on Grants.gov and AHRQ's website and describe the purpose, scope, eligibility requirements, and submission procedures for each funding opportunity. NOFOs are issued at the discretion of the agency and may be modified or cancelled prior to award if agency priorities, funding availability, or other considerations change.³

² *See also* <https://grants.nih.gov/grants/glossary.htm> (glossary of grant-related terms defining "Program Announcement" and "Request for Application"). (This glossary is often linked in AHRQ's NOFOs.)

³ A review of AHRQ's online grant archive (*see* <https://archive.ahrq.gov/fund/granarch.htm#PA>) reflects that a number of NOFOs have been cancelled in past years. *E.g.*, Notice of Cancellation of AHRQ RFA-HS-13-009 dated

AHRQ’s regulations provide that in awarding grants, AHRQ must follow certain processes, including independent peer review. 42 C.F.R. § 67.15(a). After peer review, applications that are “recommended for further consideration” are evaluated by the Administrator, who exercises considerable discretion in assessing various specified factors and then “shall: give consideration for funding, defer for a later decision, pending receipt of additional information, or give no further consideration for funding, to any application for a grant under this subpart.” *Id.* § 67.16.

In the Further Consolidated Appropriations Act of 2024, Pub. L. No. 118-47 (the “2024 Appropriations Act”), Congress appropriated a lump-sum of \$369,000,000 to AHRQ “[f]or carrying out titles III and IX of the PHS Act, part A of title XI of the Social Security Act, and section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.” 138 Stat. 460, 661-62. In the Full-Year Continuing Appropriations and Extensions Act of 2025, Pub. L. No. 119-4 (the “2025 Continuing Resolution,” and together with the 2024 Appropriations Act, the “Appropriations Acts”), Congress continued funding AHRQ at the same level for fiscal year 2025. 139 Stat. 9, 10-11, § 1101(a)(8). The Appropriations Acts contain no set-aside for grant funding (they make no mention of grants at all). Instead, the amount is a lump-sum appropriation that can be used for any purpose in furtherance of AHRQ’s mission.⁴

B. Factual Background

Like many federal agencies, AHRQ has been in a period of transition. In March 2025, HHS announced a restructuring of its 28 divisions, including AHRQ, with the stated goals of

Apr. 30, 2013, which states “This Notice is to inform the scientific community of the cancellation of the [NOFO]. Applications submitted will not be reviewed,” available at <https://grants.nih.gov/grants/guide/notice-files/NOT-HS-13-007.html>. See also Notice of Cancellation of PA17-260 and PA 17-261 dated Dec. 17, 2018, available at <https://grants.nih.gov/grants/guide/notice-files/NOT-HS-19-004.html>; Notice of Cancellation of PA 15-179 and PA 16-420 dated Dec. 18, 2018, available at <https://grants.nih.gov/grants/guide/notice-files/NOT-HS-19-005.html>.

⁴ For example, according to Plaintiffs’ allegations, AHRQ spent \$140 million on grants in fiscal year 2024 (*i.e.*, 28% of its total budget of \$500 million). Compl. ¶¶ 3-4.

saving taxpayer dollars, streamlining functions, and consolidating redundant units. *See* <https://www.hhs.gov/press-room/hhs-restructuring-doge.html>. On July 14, 2025, many AHRQ employees were let go via a reduction-in-force (the “RIF”). The legality of the RIF is not at issue.⁵

Instead, the Complaint is focused on allegations that AHRQ has impermissibly shut down its grant program. *E.g.*, Compl. ¶¶ 5-7. Yet, Plaintiffs acknowledge that AHRQ had obligated approximately \$55 million in fiscal year 2025 on grants as of the date this lawsuit was filed. *Id.* ¶ 36. Plaintiffs further acknowledge that grantmaking activities were ongoing at the agency until at least mid-July, as employees subject to the RIF continued to “process non-competing applications for continuation awards” until their separation date on July 14, 2025. *Id.* ¶ 33.

Since the Complaint was filed, AHRQ awarded 75 additional continuation grants, nearly doubling its fiscal year 2025 expenditures on grants and bringing the total to \$94,121,718. *See* Exhibit A (discussed *infra* at 9). AHRQ processed these grants using grant specialists at the Food and Drug Administration (FDA) (another HHS component agency).

C. **Procedural History**

On August 21, 2025, Plaintiffs filed the instant Complaint, asserting five causes of action under the APA. In Counts I-III, Plaintiffs claim that the alleged cessation of AHRQ’s grant program and failure to process grant applications violates the PHS Act and AHRQ regulations (Count I), the Appropriations Acts (Count II), and the ICA (Count III), and is thus contrary to law under Section 706(2)(A) of the APA. Compl. ¶¶ 42-54. In Count IV, Plaintiffs claim that the cessation of AHRQ’s grant program is arbitrary and capricious under Section 706(2)(A) of the APA. *Id.* ¶¶ 55-57. In Count V, Plaintiffs claim that the failure to process grant applications is

⁵ Nor could it be, as Plaintiffs do not have standing to challenge the RIF. *See State of Maryland v. U.S. Dep’t of Agric.*, 151 F.4th 197 (4th Cir. 2025) (holding that plaintiff states lacked standing to challenge the widespread termination of federal probationary employees, including at HHS).

agency action unlawfully withheld, which this Court should therefore compel under Section 706(1) of the APA. *Id.* ¶¶ 58-61. Plaintiffs ask this Court to enter an order “[d]eclar[ing] that Defendants’ action halting AHRQ grantmaking functions, including by refusing to consider new grant applications and continuing grant applications, is contrary to law and/or arbitrary and capricious”; “[d]eclar[ing] unlawful and set[ting] aside as arbitrary, capricious, an abuse of discretion, or otherwise contrary to law Defendants’ action rendering non-functional and halting AHRQ’s grantmaking program”; “compelling Defendants to undertake statutorily required steps to peer review and evaluate pending grant applications and to award grants”; and “[e]njoin[ing] Defendants from taking any steps that hinder AHRQ’s ability to perform its statutorily mandated grantmaking tasks.” *Id.* at 20 (Prayer for Relief).

In conjunction with filing the Complaint, Plaintiffs filed a Motion for Preliminary Injunction, ECF No. 4 (the “PI Motion”). The Court delayed ruling on the PI Motion and allowed Plaintiffs to move to extend the September 30, 2025 appropriations deadline. ECF Nos. 17, 19, 20. Ultimately, the Court entered an Order directing AHRQ “to preserve and set aside \$70,000,000 until the instant litigation is resolved so that meaningful relief may be available to the Plaintiffs should they prevail.” ECF No. 27.

LEGAL STANDARDS

Defendants file this Motion pursuant to Rules 12(b)(1) and 12(b)(6) of the Federal Rules of Civil Procedure.

Rule 12(b)(1). A defendant can move for dismissal of a plaintiff’s case under Rule 12(b)(1) for lack of subject matter jurisdiction by asserting the plaintiff does not have any “right to be in the district court at all.” *Holloway v. Pagan River Dockside Seafood, Inc.*, 669 F.3d 448, 452 (4th Cir. 2012). Federal district courts are courts of limited jurisdiction, constrained to exercise only

the authority conferred by Article III of the United States Constitution and affirmatively granted by federal statute. *Kokkonen v. Guardian Life Ins. Co.*, 511 U.S. 375, 377 (1994). The plaintiff bears the burden of establishing the court’s power to hear their case. *In re Moore*, 488 F. Supp. 3d 231, 235 (D. Md. 2020). In ruling on a Rule 12(b)(1) motion, the Court “may consider evidence outside of the pleadings without converting the motion to one for summary judgment.” *Id.* at 236.

Rule 12(b)(6). To defeat a Rule 12(b)(6) motion, a complaint must allege sufficient facts to state a plausible claim for relief. *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009). A claim is plausible when “the plaintiff pleads factual content that allows the Court to draw the reasonable inference that the defendant is liable for the misconduct alleged.” *Id.* Legal conclusions or conclusory statements do not suffice and are not entitled to the assumption of truth. *Nemet Chevrolet, Ltd. v. Consumeraffairs.com, Inc.*, 591 F.3d 250, 255 (4th Cir. 2009). A court is also “not obliged . . . to accept as true the allegations of the complaint that conflict with its exhibits.” *Moretti v. Thorsdottir*, 157 F.4th 352, 359 (4th Cir. 2025). The factual allegations that are taken as true “must be enough to raise a right to relief above the speculative level.” *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 555 (2007).

In deciding a Rule 12(b)(6) motion, courts “may consider matters incorporated by reference or integral to the claim, items subject to judicial notice, matters of public record, orders, items appearing in the record of the case, and exhibits attached to the complaint whose authenticity is unquestioned without converting the motion into one for summary judgment under Rule 12(d).” 5B Wright & Miller, Fed. Prac. & Proc. § 1357 (4th ed. 2025). Specifically, “the court may take judicial notice of publicly available information on state and federal government websites without converting the motion to one for summary judgment.” *Est. of Green v. City of Annapolis*, Case No. 24-cv-1351-MJM, 2025 WL 1029555, at *4 (D. Md. Apr. 7, 2025) (quoting *Est. of Green v.*

City of Annapolis, 696 F. Supp. 3d 130, 147 (D. Md. 2023)). See also *United States v. Garcia*, 855 F.3d 615, 621 (4th Cir. 2017) (“This court and numerous others routinely take judicial notice of information contained on state and federal government websites.”).

The TAGGS online database is a publicly available source of HHS grants, which Plaintiffs relied upon in both their Complaint and PI Motion to support the allegation that AHRQ had shut down its grant program. See Compl. ¶ 36; ECF No. 4-1 at 7, 8 (referring to TAGGS as a “publicly available, official source of HHS grants”). Attached hereto as **Exhibit A** is a list of AHRQ’s grant actions with respect to fiscal year 2025 funds, which was exported from TAGGS. To generate Exhibit A, undersigned counsel utilized the same method as Plaintiffs in their PI Motion (see ECF No. 4-1 at 8, n.8)—*i.e.*, by filtering the TAGGS database for awards with “Issue Date FY” of 2025, “Funding FY” of 2025, and “Operating Division” of AHRQ; and then exporting the results into a PDF. See <https://taggs.hhs.gov/SearchAward>. In deciding this Motion, the Court may take judicial notice of the information contained in Exhibit A because it is publicly available information from a federal government website. See, *e.g.*, *Green*, 2025 WL 1029555, at *4.

ARGUMENT

I. Plaintiffs Fail to Plead Sufficient Facts Showing That They Are Entitled to Relief.

Each of Plaintiffs’ five APA claims are premised on allegations that AHRQ shut down its grant program in the summer of 2025. See Compl. ¶¶ 45 (Count I – “Defendants’ cessation of AHRQ’s grants program, including by not processing grant applications or issuing grant awards, is in violation of the Public Health Service Act and relevant AHRQ regulations.”); 48 (Count II – “Defendants’ cessation of AHRQ’s grant program has made it impossible for AHRQ to obligate the funds that Congress has appropriated to it to support health services research. Defendants’ actions therefore violate the appropriations statutes mandating that the agency expend funds.”); 54

(Count III – “By making it impossible for AHRQ to spend the funds appropriated to it for grantmaking this fiscal year, or otherwise refusing to spend those funds, Defendants have deferred or rescinded funds in a manner contrary to the Impoundment Control Act, in violation of the APA.”); 57 (Count IV – “By halting AHRQ’s grantmaking program, Defendants have acted arbitrarily and capriciously.”); 60 (Count V – “By halting AHRQ’s grantmaking program, Defendants have ensured that AHRQ cannot satisfy its obligations to process, review, and evaluate grant applications.”); *see also id.* ¶¶ 5-7. The Complaint acknowledges that at the time of filing AHRQ had spent \$55 million in fiscal year 2025 funds on its grant program, and that no existing grants (let alone the entire program) had been terminated. *Id.* ¶ 36. Nevertheless, Plaintiffs have emphasized that the “action at issue here” is “the halting of grantmaking *going forward.*” ECF No. 15 (Plaintiffs’ reply in further support of their PI Motion) at 3 (emphasis added).

Publicly available information on a federal government website (TAGGS) shows that, since the filing of the Complaint, AHRQ awarded nearly \$40 million in 75 continuation grants, which were processed by grant specialists at FDA. *See* Exhibit A (discussed *supra* at 9). This brings the grand total for AHRQ’s fiscal year 2025 expenditures on grants to \$94,121,718—a far cry from the total “cessation of AHRQ’s grant program” decried in the Complaint.

In deciding this Motion, the Court need not assume the truth of Plaintiffs’ allegation that AHRQ shut down its grant program, because it is belied by TAGGS data—information on which the Court may take judicial notice. *Green*, 2025 WL 1029555, at *4.⁶

Absent the allegation that AHRQ shut down its grant program, Plaintiffs’ claims are

⁶ In addition, Plaintiffs relied upon TAGGS data to form the basis of their allegation that AHRQ had ceased to operate its grant program. Compl. ¶ 36; ECF No. 4-1 at 7 & 8. If a plaintiff “relies upon the documents to form the basis for a claim or part of a claim, dismissal is appropriate if the document negates the claim.” *Goines v. Valley Cmty. Servs. Bd.*, 822 F.3d 159, 166–67 (4th Cir. 2016) (quoting *Thompson v. Illinois Dep’t of Prof’l Regulation*, 300 F.3d 750, 754 (7th Cir.2002)) (describing the exhibit-prevails rule). Accordingly, the Court should credit the information contained on the TAGGS website over conflicting allegations in the Complaint.

reduced to vague speculations—that AHRQ lacks any plan to restart the peer review process for evaluating new grant applications, and that if AHRQ fails to award new grants then at some point in the future AHRQ may not meet some statutory mandate. Even if true, Plaintiffs’ conjectures do not state a plausible claim. Plaintiffs fail to “raise a right to relief above the speculative level” and have not articulated “enough facts to state a claim to relief that is plausible on its face.” *Twombly*, 550 U.S. at 570. Plaintiffs offer no facts that would permit a reasonable inference that Defendants acted or failed to act arbitrarily, capriciously, or contrary to law. *Iqbal*, 556 U.S. at 678.

II. Plaintiffs Have Not Established Standing to Bring Their Claims.

To establish Article III standing, a plaintiff must show “(i) that he suffered an injury in fact that is concrete, particularized, and actual or imminent; (ii) that the injury was likely caused by the defendant; and (iii) that the injury would likely be redressed by judicial relief.” *TransUnion LLC v. Ramirez*, 594 U.S. 413, 423 (2021). A “concrete” injury is one that is “real, and not abstract.” *Id.* at 424 (quoting *Spokeo, Inc. v. Robins*, 578 U.S. 330, 340 (2016)). Concrete injuries may be “tangible”—*i.e.*, involve physical or monetary harm—or “intangible,” in which case they must “have a close relationship to harms traditionally recognized as providing a basis for lawsuits in American courts.” *Id.* at 424-25. Examples of concrete intangible harms include reputational harms, disclosure of private information, intrusion upon seclusion, and “harms specified by the Constitution itself” (such as abridgment of free speech and infringement of free exercise). *Id.* at 425. However, “[t]he intangible harm of enduring a statutory violation, standing alone, typically won’t suffice under Article III—unless there’s a separate harm (or a materially increased risk of another harm) associated with the violation.” *O’Leary v. TrustedID, Inc.*, 60 F.4th 240, 243 (4th Cir. 2023). “In other words, ‘under Article III, an injury in law is not an injury in fact.’” *Id.* (quoting *TransUnion*, 594 U.S. at 427). Plaintiffs bear the burden of demonstrating standing,

which they must do “for each claim that they press and for each form of relief that they seek.” *TransUnion*, 594 U.S. at 430-31 (“standing is not dispensed in gross”).

Here, Plaintiffs’ alleged injuries are all intangible and include: (1) “not receiving adequate and timely responses to their applications”; (2) “hav[ing] no way of competing for [] funding”; and (3) “hav[ing] wasted hundreds of hours putting together applications that will never be reviewed.” Compl. ¶ 40. Plaintiffs have not met their burden in demonstrating that these intangible harms have any “close relationship to harms traditionally recognized as providing a basis for lawsuits in American courts.” *TransUnion*, 594 U.S. at 425.

First, grant applicants are not entitled to a response on their applications. *Infra* at 20-23. Even if they were, a statutory violation alone is not a concrete harm, and Plaintiffs have not alleged that they have suffered a harm that AHRQ’s regulations were aimed at preventing when they did not hear back on their applications. *E.g.*, *Dreher v. Experian Info. Sols.*, 856 F.3d 337, 345 (4th Cir. 2017) (“it would be an end-run around the qualifications for constitutional standing if any nebulous frustration resulting from a statutory violation would suffice as an informational injury”).

Second, AHRQ’s issuance of a NOFO does not guarantee that a grant will be awarded. All of AHRQ’s active NOFOs were issued as Program Announcements, which describe continuing, new, or expanded program interests and typically do not have set aside funds or a defined timeline associated with an award. *Supra* at 4. Plaintiffs also acknowledge that their members are in various stages of the application process. Some have not been through peer review, and Plaintiffs do not allege that these applicants are likely to be awarded funding, which depends on a host of factors, including evaluation by an independent peer review panel.⁷ Compl. ¶ 39; *but see id.* ¶¶

⁷ 42 C.F.R. § 67.15(d)(2)(iii) (requiring peer review panels to be independent). *See, e.g.*, *Clapper v. Amnesty Int’l USA*, 568 U.S. 398, 413-14 (2013) (“we have been reluctant to endorse standing theories that require guesswork as to how independent decisionmakers will exercise their judgment”).

32, 38, 39 (alleging that pending applications for continuation grants and those ranked highly in the peer review process were likely to receive funding). In addition, continuation grants are, by definition, non-competing. *Id.* ¶ 32. Accordingly, Plaintiffs’ lost-opportunity-to-compete theory of harm does not fit the context of AHRQ’s grant program, which is far more elastic than the bid procedure context in which courts have found the loss of an opportunity to compete may constitute a cognizable Article III injury. *Compare Child Trends, Inc. v. U.S. Dep’t of Educ.*, 787 F. Supp. 3d 81, 95 (D. Md. 2025) (Hurson, J.) (finding that “the type of harm alleged by Plaintiffs—the loss of the right to bid—appears to register as an injury for Article III standing purposes” where plaintiffs had demonstrated “a probable expectation of competitiveness in bidding for grants and contracts” to fund *statutorily-mandated* programs).

Third, and finally, Plaintiffs’ injury in the form of having wasted time completing applications fails to articulate a concrete harm (the time was voluntarily expended in response to NOFOs that in no way guaranteed that any awards would be made at all, let alone to Plaintiffs); lacks causation (the time completing the applications was spent prior to any alleged unlawful action, not as a result thereof); and is not redressable (the time spent cannot be revived by any court order). Further, to redress this alleged injury, Plaintiffs seek prospective, equitable relief in the form of an Order compelling AHRQ to take “steps to peer review and evaluate pending grant applications.” Compl. at 20 (¶ c). But “[p]rospective relief must . . . be justified by prospective injury,” not past expenses (like the spent time Plaintiffs point to here). *State of Maryland*, 151 F.4th at 209. Accordingly, Plaintiffs lack standing to bring their claims.

III. Plaintiffs Do Not Seek Judicial Review of a Discrete and Final Agency Action.

The APA limits judicial review to “final agency action.” 5 U.S.C. § 704. Final agency action is a term of art involving two components—agency action and finality of agency action—

each of which must be satisfied in order for a district court to have subject matter jurisdiction over a plaintiff's APA claim challenging agency conduct. *Nat'l Veterans Legal Servs. Program v. U.S. Dep't of Defense*, 990 F.3d 834, 839 (4th Cir. 2021) (“each of the two components—agency action and finality of agency action—narrows the scope of judicial review”). Neither jurisdictional requirement is met here, and all of Plaintiffs' claims should be dismissed.

A. Plaintiffs do not challenge a discrete agency action.

The APA contemplates judicial review of specific, identifiable agency action, as that term is defined in the APA. *Norton v. Southern Utah Wilderness Alliance*, 542 U.S. 55, 62 (2004) (the categories of “agency action” subject to judicial review under the APA each “involve circumscribed, discrete agency actions”); *Lujan v. Nat'l Wildlife Fed.*, 497 U.S. 871, 891 (1990) (“[u]nder the terms of the APA, respondent must direct its attack against some particular ‘agency action’ that causes it harm”). This discreteness requirement prohibits “broad programmatic attacks” against an administrative agency for allegedly failing to meet its statutory obligations. *See Norton*, 542 U.S. at 64, 66 (“General deficiencies in compliance [with statutory mandates] . . . lack the specificity requisite for agency action.”). As the Supreme Court explained in *Norton*,

If courts were empowered to enter general orders compelling compliance with broad statutory mandates, they would necessarily be empowered, as well, to determine whether compliance was achieved—which would mean that it would ultimately become the task of the supervising court, rather than the agency, to work out compliance with the broad statutory mandate, injecting the judge into day-to-day agency management. . . . ***The prospect of pervasive oversight by federal courts over the manner and pace of agency compliance with such congressional directives is not contemplated by the APA.***

542 U.S. at 66-67 (emphasis added).

Here, Plaintiffs do not point to any specific action or event that they claim was unlawful. Instead, Plaintiffs challenge the agency's broadscale operation (or, rather, alleged non-operation) of its grant program (*e.g.*, Compl. ¶¶ 45, 48, 57, 60) and the failure to process grant applications

(*e.g.*, *id.* ¶ 61). Plaintiffs assert generalized claims that AHRQ must “restart” its grantmaking program in order to comply with broad statutory mandates. *E.g.*, *id.* ¶ 7 (“The Court should declare unlawful and set aside Defendants’ cessation of its grantmaking process and its refusal to consider and process grant applications, and require the agency to restart its grantmaking process, as required by law.”). This is precisely the kind of programmatic challenge that the Supreme Court rejected in *Norton*. 542 U.S. at 66.⁸

Plaintiffs’ allegations that AHRQ has purportedly failed to process grant applications (which underlie Count V, *see* Compl. ¶ 61) also fail to satisfy the APA’s discreteness requirement. Through these allegations, Plaintiffs attempt to combine numerous individual actions (or, rather, failures to act) in order to bring a broader challenge. The Supreme Court rejected this approach to APA challenges in *Lujan v. Nat’l Wildlife Fed.*, 497 U.S. 871 (1990).

In *Lujan*, the plaintiff alleged that the Bureau of Land Management (BLM) had made various land-use decisions in violation of its statutory obligations. *Id.* at 890. Rather than challenge any of these actions individually, the plaintiff sought to challenge all of them together, grouped under what it described as a “land withdrawal review program.” *Id.* The Supreme Court found that, in doing so, the plaintiff failed to plead “an identifiable action or event” reviewable under the APA, which requires a plaintiff to “direct its attack against some *particular* agency action that causes it harm.” *Id.* at 891, 899. The Supreme Court explained that

the flaws in the entire ‘program’—consisting principally of the many individual actions referenced in the complaint, and presumably actions yet to be taken as well—cannot be laid before the courts for wholesale correction under the APA, simply because one of them that is ripe for review adversely affects one of respondent’s members.

⁸ These allegations are not like those before this Court in *Child Trends, Inc. v. U.S. Dep’t of Educ.*, 795 F. Supp. 3d 700 (D. Md. 2025) (Hurson, J.), which involved APA claims challenging specific action—namely, the government’s “*decision to terminate* eighteen of a total of twenty Comprehensive Centers awards and all REL awards.” *Id.* at 711, 714 & n.9 (emphasis added). Plaintiffs here do not allege that there has been any “decision to terminate” AHRQ’s grant program. To the contrary, they concede (as they must) that the grant program continues to exist. Rather, Plaintiffs take issue with the grant program’s operation following the RIF.

Id. at 893.⁹

These principles apply here. Plaintiffs in this case do not challenge any discrete agency action, but rather seek to force sweeping action on any and all pending grant applications (regardless of the kind of application or where it is in the process).

Finally, the relief sought further establishes the programmatic nature of Plaintiffs' claims. The relief is not directed at any identifiable event that Plaintiffs seek to remediate or undo, but rather vaguely refers to Defendants' "action" in halting AHRQ's grant program. Compl. at 20 (¶¶ a, b). It is also unclear how the Court could grant the relief sought (*e.g.*, compel Defendants to "undertake statutorily required steps to peer review and evaluate pending grant applications and to award grants" and enjoin "any steps that hinder AHRQ's ability to perform its statutorily mandated grantmaking tasks," *id.* ¶¶ c, d) without inserting itself into the day-to-day management of the agency. Granting Plaintiffs' requested relief presents a substantial risk that it becomes "the task of the supervising court, rather than the agency, to work out compliance with [AHRQ's] broad statutory mandate." *Norton*, 542 U.S. at 66-67. At bottom, Plaintiffs seek the kind of wholesale improvement of agency operations that is not contemplated or authorized by the APA.

B. Plaintiffs do not challenge a final agency action.

Two conditions must be satisfied for agency action to be "final" within the meaning of the APA. "First, the action must mark the 'consummation' of the agency's decisionmaking process—it must not be of a merely tentative or interlocutory nature. And second, the action must be one

⁹ See also *City of New York v. U.S. Dep't of Defense*, 913 F.3d 423, 433 (4th Cir. 2019) (rejecting the plaintiffs' characterization of their claims "as simply an aggregation of many small claims, each one seeking to compel the individual reports required by the [governing statute]. On this view, what the cities seek is not programmatic because each specific act that DOD has failed to perform is discrete when considered on its own. But any limit on programmatic assessment would be rendered meaningless if such an argument prevailed. All governmental programs are the aggregation of individual decisions, many of which are required by law. The APA ensures that it is the individual decisions that are assessed as agency action, rather than the whole administrative apparatus.").

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) (citations omitted). The alleged “cessation of AHRQ’s grants program” (Compl. ¶¶ 45, 48, 57, 60) and “failure to act on AHRQ grant applications” (*id.* ¶ 61) do not meet these conditions of finality.

According to Plaintiffs, the grantmaking activity at AHRQ halted on July 14, 2025, after the RIF was finalized. *Id.* ¶ 34. Plaintiffs do not allege that these circumstances are permanent; but, rather, that they result from the RIF at the agency—the legality of which is not at issue here. Plaintiffs point to an email dated July 23, 2025, which in fact suggests the opposite. It explicitly states that the agency is considering how to move forward and that no decision has been made regarding the grant program:

We are **currently** unable to process grant awards and **are evaluating options** for our grant program. With the permanent separation of these staff, FY2025 funding of non-competing applications is **uncertain**.

Id. (emphasis added); ECF No. 4-7 (Exhibit 5 to PI Motion, which attaches the July 23, 2025 email as Exhibit A). Significantly, since the filing of this lawsuit, AHRQ awarded 75 continuation grants in the amount of \$39,294,716, bringing the total fiscal year 2025 expenditures on grants to \$94,121,718. *See* Exhibit A. In short, the record in this case reflects an intention to continue the grant program, albeit perhaps not in the form or on the timeline that Plaintiffs desire.

Accordingly, to the extent there has been any agency decision or action at all, it cannot be characterized as “mark[ing] the ‘consummation’ of the agency’s decisionmaking process,” nor have any “rights or obligations [] been determined,” *Bennett*, 520 U.S. at 177-78. Plaintiffs’ APA claims should be dismissed. *See, e.g., Mayor & City Council of Baltimore v. CFPB*, Case No. 25-cv-458-MJM, 2025 WL 814500, at *11-12 (D. Md. Mar. 14, 2025) (“Plaintiffs fail to make any showing of such a final agency decision. Instead, they challenge a disembodied and unrealized

decision to drain the CFPB of its operating funds and reserves, without any evidence that such a decision has been reached at all or generated any legal consequences.”).

IV. Plaintiffs Impermissibly Seek to Compel Agency Action That AHRQ Is Not Required to Take, and Therefore All of Plaintiffs’ Claims Should Be Dismissed.

Plaintiffs couch Counts I-IV of their Complaint in terms of agency *action* “not in accordance with law” or “arbitrary” or “capricious” under Section 706(2) of the APA. *See* Compl. ¶¶ 42, 46, 49, 55. But where an APA claim involves assertions that a federal agency failed to take certain action mandated by statute, such a claim is properly characterized as a failure to act claim that seeks to “compel agency action unlawfully withheld” under Section 706(1) of the APA. *See Norton*, 542 U.S. at 64-65 (noting that the claim in *Lujan* was “couched as unlawful agency ‘action’” but “would have fared no better if they had characterized the agency’s alleged ‘failure to revise land use plans in proper fashion’ . . . in terms of ‘agency action unlawfully withheld under § 706(1)’”). Here, all of Plaintiffs’ claims rest on allegations that Defendants failed to take action mandated by statute, and Plaintiffs ask this Court to compel Defendants to take such action. *See* Compl. ¶¶ 7, 45, 48, 54, 57, 60-61, at 20 (Prayer for Relief). Accordingly, all five claims are properly considered as arising under Section 706(1) of the APA.¹⁰

Section 706(1) authorizes a court to “compel agency action *unlawfully* withheld.” 5 U.S.C. § 706(1) (emphasis added). In *Norton*, the Supreme Court explained that this means “the only agency action that can be compelled under the APA is action legally *required*”—*i.e.*, “a precise, definite act about which an official has no discretion whatsoever.” 542 U.S. at 63 (internal quotations omitted). *See also Lovo v. Miller*, 107 F.4th 199, 211 (4th Cir. 2024) (“claims to compel agency action are limited to enforcement of a specific, *unequivocal* command, over which an

¹⁰ To be clear, “Sections 702, 704, and 706(1) all insist upon an ‘agency action,’ either as the action complained of (in §§ 702 and 704) or as the action to be compelled (in § 706(1)).” *Norton*, 542 U.S. at 62.

official has no discretion.”). “The limitation to *required* agency action rules out judicial direction of even discrete agency action that is not demanded by law (which includes, of course, agency regulations that have the force of law).” *Norton*, 542 U.S. at 65.

Here, Plaintiffs ask this Court to order Defendants to restart its grantmaking program and “undertake statutorily required steps to peer review and evaluate grant applications and to award grants.” Compl. at 20 (Prayer for Relief); *see also id.* ¶ 7 (“The Court should declare unlawful and set aside Defendants’ cessation of its grantmaking process and its refusal to consider and process grant applications, and require the agency to restart its grantmaking process, as required by law.”). But, as discussed in greater detail *infra* at 19-24, none of these tasks are mandated by statute or regulation. As a result, the Court lacks subject matter jurisdiction to compel them under the APA.

V. Defendants Have Not Violated the PHS Act or AHRQ’s Regulations, and Therefore Count I Should Be Dismissed.

In Count I, Plaintiffs merely allege that AHRQ is statutorily required to fund grants focused on certain aspects of the healthcare system. *See* Compl. ¶¶ 19, 43 (citing 42 U.S.C. §§ 299b-1(b)-(c), 299b-4(b), 299b-31(c), 299b-34(a), 299b-36(d)(1) & (e)(3), 299b-37(e)). Yet, Plaintiffs acknowledge that AHRQ has a grant program and, as of the date that the Complaint was filed, spent \$55 million in fiscal year 2025 on that program—an amount that has since almost doubled. Compl. ¶ 36; Exhibit A. Plaintiffs make no allegation that AHRQ is not currently funding whatever limited grants are statutorily required.¹¹ “It is not . . . proper to assume that the [plaintiff] can prove facts that it has not alleged or that the defendants have violated the [applicable] laws in ways that have not been alleged.” *Associated Gen. Contractors v. California State Council of*

¹¹ Plaintiffs essentially conceded this point in the PI Motion briefing, in which they speculated that “even if AHRQ is currently supporting some research grants, the agency will, at best, if it has not already—fall out of compliance with those obligations as awards issued in the beginning of the fiscal year run out.” ECF No. 15 (Plaintiffs’ reply) at 7.

Carpenters, 459 U.S. 519, 526 (1983).

Nothing in the statutory or regulatory scheme governing AHRQ requires the agency to award grants each year, nor are there any requirements that grants be awarded on a particular timeline or in a particular amount. To the contrary, the regulations provide that grant applications must be submitted “in the form and at the time that the Administrator requires.” 42 C.F.R. § 67.14(a). And the regulations expressly bestow nearly unlimited discretion upon the AHRQ Administrator regarding whether to award a grant, providing:

Within the limits of available funds, the Administrator *may* award grants to those applicants whose projects are being considered for funding, which *in the judgment of the Administrator*, will promote best the purposes of Title IX of the PHS Act and (if applicable) section 1142 of the Social Security Act, AHCPR priorities, and the regulations of this subpart.

42 C.F.R. § 67.17(a) (emphasis added).¹² The Fourth Circuit has repeatedly held that similar statutory/regulatory language is not mandatory such that an agency’s failure to act is not reviewable under the APA. *See Lovo*, 107 F.4th at 212-13 (interpreting regulation providing that “USCIS *may* adjudicate [certain immigration-related] applications,” to mean that “whether to adjudicate the [] Applications at all is left to USCIS’s discretion”); *Gonzalez v. Cuccinelli*, 985 F.3d 366, 365-71 (4th Cir. 2021) (statute providing that “[t]he Secretary *may* grant work authorization . . .” was discretionary, and agency action could not be compelled under APA § 706).

Furthermore, AHRQ has not violated any statute or regulation by failing to process every single pending grant application via the peer review and evaluation process on Plaintiffs’ desired timeline. Compl. ¶¶ 20-21, 43-45, 59. The PHS Act provides: “Appropriate technical and

¹² In the context of awarding continuation grants, AHRQ’s regulations further provide that “[i]n all cases, continuation awards require a determination by the Administrator that continuation is in the best interest of the Federal Government.” 42 C.F.R. § 67.17(d). In addition, “[n]either the approval of any application nor the award of any grant commits or obligates the Federal Government in any way to make any additional, supplemental, continuation, or other award with respect to any approved application.” *Id.* § 67.17(e).

scientific peer review shall be conducted with respect to each application for a grant . . . under this chapter.” 42 U.S.C. § 299c-1(a)(1). AHRQ’s implementing regulations provide that “[a]ll applications for support under this subpart will be submitted by the Administrator for review to a peer review group,” after which “the Administrator will evaluate applications recommended for further consideration, taking into account [certain specified] factors” and on that basis “shall: give consideration for funding, defer for a later decision, pending receipt of additional information, or give no further consideration for funding, to any application for a grant under this subpart” 42 C.F.R. §§ 67.15(a), 67.16(a), (b).

While these statutes and regulations use “shall” and/or “will”—words that are often considered mandatory—the Fourth Circuit instructs that “the impact of seemingly mandatory or permissive language depends heavily on the context in which it appears.” *Lovo*, 107 F.4th at 212. In *Lovo*, the Fourth Circuit considered analogous regulatory language (specifically, 8 C.F.R. § 212.7(e)(8), which provides that “USCIS *will* adjudicate a [certain immigration-related] application in accordance with” certain statutes) and held that, when properly viewed in context, it simply requires that “*when, in its discretion*, USCIS decides to adjudicate claims, it must do so in accordance with the standards and procedures laid out in the statute and regulations.” 107 F.4th at 213. The Fourth Circuit therefore held that the district court lacked jurisdiction to compel the agency to act on the plaintiff’s immigration application.

The same construction that the Fourth Circuit applied in *Lovo* applies to this case: when, in its discretion, AHRQ decides to award a grant (*see* 42 C.F.R. § 67.17(a), providing that “the Administrator *may* award grants . . .”), it may only do so after following the mandatory procedures, including the peer review and evaluation process, set forth in applicable statutes and regulations (*see* 42 U.S.C. § 299c-1(a)(1); 42 C.F.R. §§ 67.15(a), 67.16(a), (b)). As in *Lovo*, this Court lacks

jurisdiction to compel AHRQ to evaluate all grant applications it receives.

Further, an interpretation of AHRQ's regulations as requiring, on the one hand, that any and all grant applications be processed via peer review and evaluation by the Administrator, yet, on the other hand, as permitting discretion over whether any particular grant is awarded at the end of that process, would be unreasonable and violate the "axiomatic canon of statutory interpretation which states that 'to the extent possible, a court's interpretation should ensure that the statutory scheme is coherent and consistent.'" *Healthkeepers, Inc. v. Richmond Ambulance Auth.*, 642 F.3d 466, 472, 474 (4th Cir. 2011) ("this Court has an obligation to construe statutes as being reasonable"). Such an interpretation would require a lengthy and expensive bureaucratic exercise (peer review) with no legal or practical consequence (a grant award)—an absurd result that is inconsistent with the regulations' evident purpose. In enacting its governing regulations, AHRQ did not mandate the administrative processes of peer review and Administrator evaluation merely for their own sake, but rather to ensure that it funds meritorious and scientifically rigorous research.

Finally, even if these statutes and regulations could be interpreted as requiring AHRQ to evaluate and process grant applications as a general matter, there is no requirement that AHRQ do so on any particular timeline. As a result, the pace at which AHRQ evaluates grant applications is discretionary, and the Court lacks jurisdiction to compel AHRQ to act on Plaintiffs' desired timeline. *See, e.g., Gonzalez*, 985 F.3d at 369 (agency action could not be compelled where "[was] no timeline or mandate to act, adjudicate, or implement the provision"); *Tawah v. Noem*, Case No. 24-cv-3469-DKC, 2025 WL 2021661, at *4 (D. Md. July 18, 2025) (holding that "[b]ecause the statutory timeframe is still discretionary, the APA still does not authorize judicial review of asylum application adjudications . . . , and the court still lacks jurisdiction to review Plaintiff's APA claim," citing *Tawah v. Mayorkas*, Case No. 23-cv-02920-TJS, 2024 WL

2155060, at *3 (D. Md. May 14, 2024)); *Martynenko v. Donis*, Case No. 24-cv-02218-LKG, 2025 WL 1685667, at *4 (D. Md. June 16, 2025) (“the pace at which USCIS adjudicates asylum applications is left to the agency's discretion. And so, the Plaintiff has also not shown that the Court may consider his claim under the APA.”).

Accordingly, Plaintiffs do not allege a violation of the PHS Act or AHRQ regulations that can support Count I, and this claim should be dismissed.¹³

VI. Defendants Have Not Violated the Appropriations Acts, and Therefore Count II Should Be Dismissed.

The Appropriations Acts do not require that AHRQ obligate all funds it has been appropriated in lump-sum, let alone that it obligate such funds towards grantmaking. The Appropriations Acts authorize funding for AHRQ in a lump-sum of \$369,000,000 “[f]or carrying out titles III and IX of the PHS Act, part A of title XI of the Social Security Act, and section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.” 2024 Appropriations Act, 138 Stat. 460, 661-62; 2025 Continuing Resolution, 139 Stat. 9, 10-11, § 1101(a)(8). This is a lump-sum appropriation, with no mandatory language at all.

The Appropriations Acts do not, of their own force, compel AHRQ to obligate every dollar of appropriated funds. Nothing in the language of the Appropriations Acts (nor that of any other statute or regulation, *see supra* at 19-23) requires it.¹⁴ The Supreme Court recently discussed the

¹³ In similar vein (discussed *supra* at 18-19), an order compelling AHRQ to award grants or process grant applications would violate the principles set forth in *Norton*, 542 U.S. at 64, because these are not actions that AHRQ is legally required to take. And, relatedly (as discussed *infra* at 29-30), an order compelling AHRQ to spend its lump-sum appropriation on grants or the processing of grant applications would be directly contrary to the Supreme Court’s holding in *Lincoln v. Vigil*, 508 U.S. 182, 192 (1993), which held that the allocation of funds from a lump-sum appropriation is committed to agency discretion by law and not reviewable.

¹⁴ *Compare Child Trends*, 795 F. Supp. 3d at 722 (“Defendants have not only withheld funds appropriated by Congress but have also refused to carry out an express statutory mandate to operate Comprehensive Centers and RELs at the required capacity”); *Train v. City of New York*, 420 U.S. 35, 38-43 & n.2 (1975) (enforcing statutory mandate that appropriated funds “shall be allotted”); *In re Aiken Cnty.*, 725 F.3d 255, 259 (D.C. Cir. 2013) (Kavanaugh, J.) (holding that agencies “must follow statutory mandates so long as there is appropriated money available”); *Kane Cnty. v. United States*, 127 Fed. Cl. 696, 697 (Ct. Cl. 2016) (finding payments were mandatory pursuant to statute mandate that “appropriated sums shall be made available . . . for obligation or expenditure”).

history of appropriations laws, explaining that such laws were originally enacted to function as a *limit* on Executive spending, and, accordingly, they often “provided the Executive discretion over how much to spend up to a cap.” *Consumer Fin. Prot. Bureau v. Cmty. Fin. Servs. Ass’n*, 601 U.S. 416, 429-34 (2024); *id.* at 442-43 (Kagan, J., concurring) (“Our government practice has been replete with instances of general appropriations to be expended as directed by designated government agencies.”). Thus, it is now well-established that appropriations statutes need not, and often do not, require the agency to expend all funds appropriated to it. That is the case here, where Congress appropriated a lump-sum to AHRQ, included no mandatory language whatsoever, and left to AHRQ’s discretion how those appropriated funds are expended (or not expended).

Finally, even if the Appropriations Acts could be construed as requiring AHRQ to spend the entirety of its lump-sum appropriations, Plaintiffs cannot base an APA claim on alleged violations of the Appropriations Acts because the ICA precludes judicial review. *See infra* at 25-28 (similar argument that the ICA precludes judicial review of an APA challenge based on an alleged violation of the ICA itself). Some courts have rejected this argument in recent months, including in *AIDS Vaccine Advoc. Coal. v. U.S. Dep’t of State*, Case Nos. 25-cv-00400-AHA, 25-cv-00402-AHA, 2025 WL 2537200 (D.D.C. Sept. 3, 2025). However, on September 26, 2025, the Supreme Court granted the Government’s application to stay the *AIDS Vaccine* preliminary injunction, finding that “[t]he Government, at this early stage, has made a sufficient showing that the Impoundment Control Act precludes respondents’ suit, brought pursuant to the Administrative Procedure Act, to enforce the appropriations at issue here.” *Dep’t of State v. AIDS Vaccine Advoc. Coal.*, 606 U.S. ___, 2025 WL 2740571 (Sept. 26, 2025). While the Supreme Court noted that “[t]his order should not be read as a final determination on the merits,” *id.*, the standard for the emergency relief that was granted includes “a strong showing that [the stay applicant] is likely to

succeed on the merits.” *Nken v. Holder*, 556 U.S. 418, 426 (2009).

VII. Plaintiffs Cannot Rely Upon the ICA to Support an APA Contrary-to-Law Claim, and Therefore Count III Should Be Dismissed.

As discussed, the Appropriations Acts do not, of their own force, require AHRQ to obligate all funding appropriated to it. It is the ICA that governs circumstances in which the President makes a policy determination not to expend funds. But Plaintiffs cannot rely upon alleged violations of the ICA to support an APA contrary-to-law claim for at least two reasons: (1) the ICA is a statute that precludes judicial review under the APA; and (2) Plaintiffs are not within the zone of interests sought to be protected by the ICA.

A. The ICA precludes judicial review under the APA.

A plaintiff may not seek review under the APA if “statutes preclude judicial review.” 5 U.S.C. § 701(a)(1). “[W]hen a statute provides a detailed mechanism for judicial consideration of particular issues at the behest of particular persons, judicial review of those issues at the behest of other persons may be found to be impliedly precluded.” *Block v. Cmty. Nutrition Inst.*, 467 U.S. 340, 349 (1984). *See also Sackett v. EPA*, 566 U.S. 120, 130 (2012) (“Where a statute provides that particular agency action is reviewable at the instance of one party, who must first exhaust administrative remedies, the inference that it is not reviewable at the instance of other parties, who are not subject to the administrative process, is strong.”).

In *Block*, the Supreme Court held that the Agricultural Marketing Agreement Act of 1937 precluded judicial review under the APA. 467 U.S. at 341. That statute allowed specific people (dairy handlers) to obtain judicial review in federal district court of certain decisions by the Secretary of Agriculture after exhausting administrative remedies. *Id.* at 346. Someone other than those specific people—consumers—tried to bring APA claims challenging the Secretary’s decisions. *Id.* at 347. The Supreme Court held that the plaintiff-consumers could not bring their

claims because the statute precluded judicial review, pointing to two aspects of the statute: (1) that the statutory scheme “contemplates a cooperative venture” between the dairy handlers and the Secretary, but nowhere did the statute allow for participation by consumers; and (2) that the dairy handlers were required to exhaust remedies before bringing suit, whereas consumers were not subject to exhaustion requirements. *Id.* at 345-48.

The ICA has these same characteristics. The ICA establishes a similar “cooperative venture” between the legislative and executive branches by providing for Congressional oversight when the Executive branch defers budgetary authority. There is no role for private parties to play in that scheme. At a high level, the ICA requires the President to submit a “special message” to Congress when he elects to rescind or defer budget authority. 2 U.S.C. §§ 683(a), 684(a). If the President improperly fails to submit a special message, then the Comptroller General—the head of the Government Accountability Office (GAO) and, as such, a legislative branch official—must make a report in lieu of the special message to Congress. *Id.* § 686(a). The ICA authorizes the Comptroller General to bring suit in the United States District Court for the District of Columbia, which is empowered to enter “any decree, judgment, or order which may be necessary or appropriate to make such budget authority available for obligation.” *Id.* § 687. Before bringing such suit, however, the Comptroller General is required to furnish an “explanatory statement . . . of the circumstances giving rise to the action contemplated” to the Speaker of the House of Representatives and the President of the Senate and wait 25 calendar days of continuous session of Congress. *Id.* In other words, just like the statute in *Block*, the ICA authorizes a particular individual—the Comptroller General—to bring a civil action, and, again like the statute in *Block*, the ICA prescribes a specific format and prerequisites for bringing that action.

The D.C. Circuit recently applied *Block* under nearly identical circumstances and held that

the ICA bars plaintiffs from bringing suit under the APA to enforce the ICA. *Global Health Council v. Trump*, 153 F.4th 1, 17-20 (D.C. Cir. 2025). The plaintiffs—organizations whose members received federal foreign assistance funds—asserted that the Executive Branch did not intend to expend all such funds appropriated under the 2024 Appropriations Act, that the failure to obligate all appropriated funds violated the ICA, and that these allegations could support an APA contrary-to-law claim. *Id.* The D.C. Circuit rejected plaintiffs’ arguments, finding that:

the ICA created a complex scheme of notification of the Congress, congressional action on a proposed rescission or deferral and suit by a specified legislative branch official if the executive branch violates its statutory expenditure obligations. *See* 2 U.S.C. § 682 *et seq.* Moreover, under the ICA, the Comptroller General may bring suit only 25 days after he has provided the Congress with a statement explaining “the circumstances giving rise to the action contemplated.” 2 U.S.C. § 687. As in *Block*, it does not make sense that the Congress would craft a complex scheme of interbranch dialogue but *sub silentio* also provide a backdoor for citizen suits at any time and without notice to the Congress of the alleged violation.

Id. at 18-19. Accordingly, the D.C. Circuit held that “the grantees have no cause of action to undergird their APA contrary-to-law claim.” *Id.* at 20. The same reasoning and conclusion apply in this case and preclude Count III.

Defendants acknowledge this Court’s recent summary judgment ruling in *Child Trends*, 795 F. Supp. 3d 700, in which this Court considered *Global Health Council* and noted that the D.C. Circuit’s view that plaintiffs “‘lacked a cause of action to undergird their APA contrary-to-law claim’ on the basis of an alleged ICA violation” “is not universally shared.”¹⁵ *Id.* at 721. This Court went on, however, to distinguish *Global Health Council* on the basis that the plaintiffs alleged that “Defendants have not only withheld funds appropriated by Congress but have also

¹⁵ However, each of the cases cited in *Child Trends* for this point involved alleged violations of statutory mandates and not merely a violation of the ICA. *See New York v. Trump*, 769 F. Supp. 3d 119, 138 n. 13 (D.R.I. 2025) (statutes provided that the agency “shall” make certain grants according to a statutory formula, which the agency was allegedly violating); *Oregon Council for Humanities v. U.S. DOGE Service*, 794 F. Supp. 3d 840, 887 (D. Or. 2025) (similar); *Rhode Island v. Trump*, 781 F. Supp. 3d 25, 48-49 (D.R.I. 2025) (finding that the actions of the agency violated mandatory statutory duties).

refused to carry out an express statutory mandate,” and held that “[t]he combination of statutory violations sets the case at bar apart from the narrower set of circumstances before the D.C. Circuit in *Global Health Council*.” *Id.* at 722. As explained *supra* at 19-24, no such statutory violations exist in this case. Accordingly, while Defendants respectfully disagree with this Court’s *Child Trends* ruling to the extent it suggests that the ICA could form the basis of an APA contrary-to-law claim, the instant case involves “a materially different situation” (*id.*) that sets it apart from *Child Trends*.

B. Plaintiffs are not within the zone of interests that the ICA is meant to protect.

To invoke the APA, a plaintiff must establish that the injury it complains of “falls within the zone of interests sought to be protected by the statutory provision” at issue. *Air Courier Conference of Am. v. American Postal Workers Union*, 498 U.S. 517, 523 (1991). Where, as here, the plaintiff is not the object of a challenged regulatory action, the plaintiff has no right of review if its “interests are so marginally related to or inconsistent with the purposes implicit in the statute that it cannot reasonably be assumed that Congress intended to permit the suit.” *Clarke v. Securities Industry Assn.*, 479 U.S. 388, 399 (1987). “[T]he ‘relevant statute’ for an APA zone-of-interests analysis is not the APA itself, but the statute under which the relevant agency acted.” *Food & Drug Admin. v. R.J. Reynolds Vapor Co.*, 145 S.Ct. 1984, 1991, n.4 (2025).

Plaintiffs—organizations whose members hope to be awarded some of the appropriated funds—are not within the zone of interests meant to be protected by the ICA. As discussed *supra* at 26-27, the ICA is directed at regulating the relationship between Congress and the Executive Branch. It establishes a structure for interbranch dialogue when the President determines not to obligate appropriated funds. That structure provides no role for third parties like Plaintiffs.

In *Public Citizen v. Stockman*, 528 F. Supp. 824, 827-30 (D.C.C. 1981), the Court

undertook an extensive analysis of the ICA and its purposes, finding that:

Congress sought to retain principal dominion over the impoundment process and crafted a flexible scheme for involving the judiciary in disputes spawned by the Act's provisions. The Comptroller General's determination as to whether to bring suit, and Congress' decision whether to sanction the institution of such a suit, will obviously turn on a host of politically sensitive factors, including the potential impact that such a suit will have on the legislative-executive relationship.

Id. at 830. The court further explained that: “The value of section 1406 will be lessened considerably if private litigants are free to embroil the judiciary in controversies arising under the ICA; the courts would be forced to rule on the legality of executive withholdings in the absence of Congress' preliminary assessment of the crucial political dimensions involved in such a suit.” *Id.* The court held that the ICA did not create a private right of action that would allow the plaintiff to sue under the ICA directly. *Id.* The court also expressly rejected the plaintiff's alternative argument that the suit could instead proceed under APA § 706, finding that the plaintiff's interests were not “within the zone of interests intended to be protected by the ICA,” which “was clearly enacted to safeguard Congress' interests, not those of private citizens.” *Id.* at 830 n.1. For the same reasons, Plaintiffs in this case do not fall within the zone of interests meant to be protected by the ICA, and therefore cannot bring an APA suit to enforce the ICA.

VIII. The Actions Plaintiffs Challenge Are Committed to Agency Discretion by Law and Therefore Are Not Subject to APA Review.

Under the APA, agency action that is “committed to agency discretion by law” is not subject to judicial review. 5 U.S.C. § 701(a)(2). AHRQ has discretion regarding whether to award a grant (including the process of evaluating a grant application), the timeline for doing so, and the amount of any grants awarded. *See supra* at 19-24. AHRQ's regulations expressly bestow nearly unlimited discretion upon the AHRQ Administrator regarding the award of grants. 42 C.F.R. § 67.17(a). These decisions are agency actions “committed to agency discretion by law” and

unreviewable under the APA.

AHRQ's grant funding decisions are "committed to agency discretion by law" for another reason—which is, as explained *supra* at 23-24, that the Appropriations Acts provide a lump-sum appropriation to AHRQ. One paradigmatic decision "traditionally regarded as committed to agency discretion" is "[t]he allocation of funds from a lump-sum appropriation." *Lincoln v. Vigil*, 508 U.S. 182, 192-93 (1993) (holding that where Congress simply allocated an annual "lump-sum appropriation[]" to the agency, the decision to no longer fund a particular program was "committed to agency discretion."). "After all, the very point of a lump-sum appropriation is to give an agency the capacity to adapt to changing circumstances and meet its statutory responsibilities in what it sees as the most effective or desirable way." *Id.* at 191. Lump-sum appropriations thus leave it to the agency to decide how "resources are best spent" and "whether a particular program 'best fits the agency's overall policies.'" *Id.* at 193 (quoting *Heckler v. Chaney*, 470 U.S. 821, 831 (1985)). While Congress may set outer guardrails on "permissible statutory objections," courts have "no leave to intrude" so long as agencies adhere to those limits in allocating funding. *Id.*

Here, Congress appropriated a lump-sum amount to AHRQ in order to fulfill broad statutory purposes. While Plaintiffs allege that the PHS Act requires AHRQ to fund grants for specific health topics, as explained *supra* at 19-20, there is no allegation that AHRQ is not already doing so. With respect to the actions that Plaintiffs ask this Court to compel—awarding new grants, evaluating applications, obligating appropriated funds, and doing the same on Plaintiffs' timeline—these actions fall within AHRQ's discretion and are not subject to judicial review.

CONCLUSION

For the foregoing reasons, Defendants' Motion should be granted and the Complaint dismissed with prejudice.

Dated: January 20, 2026

Respectfully submitted,

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EXHIBIT A

TAGGS Award Search Export														
All Obligations; Data Fiscal Year = 2025; OPDIVs = AHRQ														
Issue FY	Fund FY	OPDIV	ALN	Assistance Listing	State	Award Number	Award Title	Award Code	Award Class Type	Budget Year	Action Date	Legal Entity Name	ZIP Code	Award Amount
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	HI	K01HS028730	Development of an electronic tool to improve access to cancer clinical trials in rural areas	000	DISCRETIONARY	4	9/30/2025	UNIVERSITY OF HAWAII	968222247	\$173,665
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OH	R01HS029183	A Randomized Clinical Trial of Smartphone Virtual Reality for Pain Management During Burn Care Transition	000	DISCRETIONARY	4	9/29/2025	RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL	432052664	\$368,426
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TN	R01HS030234	Adapting and Implementing Risk-Stratified Penicillin Allergy Evaluation in Key Outpatient Settings	000	DISCRETIONARY	2	9/29/2025	VANDERBILT UNIVERSITY MEDICAL CENTER	372320001	\$483,481
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	R18HS029350	Armstrong Institute Center for Diagnostic Excellence-Pursuing Scalable System-Level Diagnostic Quality, Value and Equity by Applying Safety Science to Emergency Department Diagnosis	000	DISCRETIONARY	4	9/29/2025	THE JOHNS HOPKINS UNIVERSITY	212182608	\$979,159
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	R01HS029656	Diagnostic Safety and Quality Optimization in Sepsis (DISQOS)	000	DISCRETIONARY	3	9/29/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091015	\$400,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	KY	R18HS030202	Disseminating and Implementing MedSMART Families in Emergency Departments: A Randomized Control Trial to Assess Effectiveness of an Evidence-Based Gaming Intervention to Reduce Opioid Misuse	001	DISCRETIONARY	2	9/29/2025	UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION, THE	405260001	\$399,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS029660	Electronic Surveillance for Hospital-Onset Sepsis to Expand Detection of Serious Healthcare-Associated Infections	002	DISCRETIONARY	3	9/29/2025	HARVARD PILGRIM HEALTH CARE INC	020211166	\$473,278
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R01HS027985	Impact of COVID-19 on Drug Shortages	000	DISCRETIONARY	5	9/29/2025	UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION	152600001	\$399,996
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS029507	Impact of New Hospice Drug Policies on Expenditures, Utilization, Prescribing Quality, and Access	000	DISCRETIONARY	2	9/29/2025	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL	016550002	\$399,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CO	R18HS030071	Implementing decision support for long term care	000	DISCRETIONARY	2	9/29/2025	THE REGENTS OF THE UNIV. OF COLORADO	800452571	\$450,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IL	R01HS029777	Improving Diagnostic Safety through STEATOSIS Identification, Risk stratification, and Referral in the ED (STIRRED)	000	DISCRETIONARY	3	9/29/2025	NORTHWESTERN UNIVERSITY	602080001	\$476,003
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NC	R01HS029877	Improving results and conclusions about harms in systematic reviews of drugs	000	DISCRETIONARY	2	9/29/2025	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL	275995023	\$390,983
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IL	R01HS029328	Patient-Centered Stewardship to Improve Antibiotic Use in Ambulatory Care	000	DISCRETIONARY	3	9/29/2025	NORTHWESTERN UNIVERSITY	602080001	\$485,685
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CT	R01HS029789	Patient-Reported Diagnostic Safety Events in Ambulatory Care Settings: A National Survey of Systemic Influences, Disparities and Persisting Consequences	000	DISCRETIONARY	3	9/29/2025	YALE UNIV	065113572	\$492,156
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	WI	R18HS027735	Preventing Future Falls in Older Adult ED Patients: Evaluating the Implementation and Effectiveness of a Novel Automated Screening and Referral Intervention	000	DISCRETIONARY	5	9/29/2025	UNIVERSITY OF WISCONSIN SYSTEM	537151218	\$343,599
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	R18HS030218	Reducing Variance in Diagnosis of Mental Disorders to Improve Patient Safety	000	DISCRETIONARY	2	9/29/2025	THE RAND CORPORATION	904013208	\$500,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OH	R18HS029630	SAMURAI PICU: Situation Awareness incorporating Multidisciplinary Teams Reduce Arrests In the Pediatric ICU	000	DISCRETIONARY	3	9/29/2025	CHILDRENS HOSPITAL MEDICAL CENTER	452293039	\$393,803
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R18HS029791	Targeted EHR-based Communication of Diagnostic Uncertainty (TECU) in the ED: An Effectiveness Implementation Trial	000	DISCRETIONARY	3	9/29/2025	THOMAS JEFFERSON UNIVERSITY	191075567	\$499,100
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	SC	R18HS027977	The Development and Evaluation of a Patient-Centered Opioid Discharge Prescribing Guideline within the Electronic Health Record of a Health System	000	DISCRETIONARY	4	9/29/2025	UNIVERSITY OF SOUTH CAROLINA	292083403	\$386,897
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS029781	The Epidemiology of Diagnostic Error in Emergency Care in the United States and the Association with Patient Outcomes and Healthcare Costs	000	DISCRETIONARY	3	9/29/2025	BETH ISRAEL DEACONESS MEDICAL CENTER, INC.	022155400	\$490,071
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CO	R18HS029786	The Right Call: Implementing a Sepsis Diagnostic Safety Toolkit in a Pediatric Transfer Call Center to Improve Diagnosis of Children in General Emergency Settings	000	DISCRETIONARY	3	9/29/2025	THE REGENTS OF THE UNIV. OF COLORADO	800452571	\$465,056
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS030271	Understanding and Addressing Community Health Center Burden, Resiliency, and Burnout - Systems Engineering Analyses and Approaches	000	DISCRETIONARY	2	9/29/2025	NORTHEASTERN UNIVERSITY	021155005	\$400,000

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Issue FY	Fund FY	OPDIV	ALN	Assistance Listing	State	Award Number	Award Title	Award Code	Award Class Type	Budget Year	Action Date	Legal Entity Name	ZIP Code	Award Amount
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	R33HS029257	Using artificial intelligence to support efficient same-day diagnostic imaging in breast cancer screening	000	DISCRETIONARY	4	9/29/2025	UNIVERSITY OF CALIFORNIA, LOS ANGELES	900244200	\$243,361
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	GA	R01HS029009	Artificial intelligence-based health IT tools to optimize critical care pharmacist resources through adverse drug event prediction	000	DISCRETIONARY	4	9/25/2025	UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC.	306021589	\$377,549
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS028621	Identification and Prevention of Potentially Inappropriate Inter-hospital Transfers	000	DISCRETIONARY	4	9/25/2025	BRIGHAM & WOMENS HOSPITAL INC	021156110	\$399,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	VA	R21HS029548	Improving Pediatric Donor Heart Utilization with Predictive Analytics	000	DISCRETIONARY	2	9/25/2025	RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA	229034833	\$138,009
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OR	R01HS029467	Private Equity Acquisitions in Primary Care: Effects on the Medicare Program	000	DISCRETIONARY	3	9/25/2025	OREGON HEALTH & SCIENCE UNIVERSITY	972393011	\$396,355
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	UT	R01HS029153	RELAX: Reducing Length of Antibiotics For Children With Ear Infections	000	DISCRETIONARY	4	9/25/2025	IHC HEALTH SERVICES INC	841111470	\$429,305
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MN	R18HS029774	Connecting Primary Care to Substance Use Disorder Treatment Using a Telehealth Collaborative Care Platform	001	DISCRETIONARY	3	9/23/2025	MAYO CLINIC	559050001	\$625,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	UT	R18HS028955	Development of SMART on FHIR interoperable clinical decision support for emergency department patients with pneumonia and pilot deployment into novel Epic electronic health record environments	000	DISCRETIONARY	3	9/23/2025	IHC HEALTH SERVICES INC	841111470	\$999,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	R21HS030158	Examining the Feasibility and Effectiveness of an mHealth Solution Designed to Enhance Clinical Outcomes Among Patients Attending Physical Therapy for Musculoskeletal Pain	001	DISCRETIONARY	2	9/23/2025	THE JOHNS HOPKINS UNIVERSITY	212182608	\$143,769
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	UT	R18HS029300	Implementation of DDInteract: A Shared-decision Making Tool for Anticoagulant Drug-Drug INTERACTions	000	DISCRETIONARY	3	9/23/2025	UNIVERSITY OF UTAH	841129049	\$841,881
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MO	R01HS029020	Integrating real-time clinical activity and behavioral responses for characterizing cognitive load and errors (IGNITE)	000	DISCRETIONARY	4	9/23/2025	WASHINGTON UNIVERSITY, THE	631304862	\$399,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NY	R21HS030123	ML-ROVER: Machine Learning to Reduce Laboratory Test Overutilization	000	DISCRETIONARY	2	9/23/2025	UNIVERSITY OF ROCHESTER	146113847	\$102,214
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R01HS028829	New Patient-centered Metric for Transplant Center Report Cards	002	DISCRETIONARY	5	9/23/2025	UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON	775555302	\$387,869
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OH	R01HS028633	Reducing Antimicrobial Overuse Through Targeted Therapy for Patients with Community-Acquired Pneumonia	000	DISCRETIONARY	5	9/23/2025	THE CLEVELAND CLINIC FOUNDATION	441950001	\$500,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	SC	R18HS029637	Retained Foreign Object Reduction and Mitigation (ReFORM)	000	DISCRETIONARY	3	9/23/2025	THE MEDICAL UNIVERSITY OF SOUTH CAROLINA	294258908	\$494,467
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NY	R01HS028612	Salpingectomy for Ovarian Cancer Risk Reduction: Improving Utilization and Informed Decision-Making	000	DISCRETIONARY	4	9/23/2025	THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK	100323725	\$367,464
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	R01HS029005	The DECREASE SSI Trial (Decolonization to Reduce After-Surgery Events of Surgical Site Infection)	000	DISCRETIONARY	4	9/23/2025	UNIVERSITY OF CALIFORNIA IRVINE	926970001	\$500,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OH	R18HS029782	The STop UNhealthy Substance Use Now Trial (STUN II)	000	DISCRETIONARY	3	9/23/2025	OHIO STATE UNIVERSITY, THE	432101016	\$620,022
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS030232	Time for Better Diagnosis: Measuring Outcomes, Stress and Time proposal (MOST)	000	DISCRETIONARY	2	9/23/2025	BRIGHAM & WOMENS HOSPITAL INC	021156110	\$499,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R18HS029344	ACHIEVING BETTER CANCER DIAGNOSIS (ABCD): Identifying, supporting, and learning from marginalized patients who experience delayed cancer diagnosis	000	DISCRETIONARY	4	9/12/2025	BRIGHAM & WOMENS HOSPITAL INC	021156110	\$935,945
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	R18HS029366	Achieving Diagnostic Excellence through Prevention and Teamwork (ADEPT)	000	DISCRETIONARY	4	9/12/2025	REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, THE	941034249	\$976,354
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TN	K01HS029042	Computerized Patient-centered Collaborative Technology (COMPACT) to Support Personalized Decision Making in Breast Cancer	000	DISCRETIONARY	4	9/12/2025	VANDERBILT UNIVERSITY MEDICAL CENTER	372320001	\$121,090
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R18HS029348	DECODE: Diagnostic Excellence Center on Diagnostic Error	000	DISCRETIONARY	4	9/12/2025	BRIGHAM & WOMENS HOSPITAL INC	021156110	\$994,128
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OR	R18HS029345	Diagnostic Accuracy through Advancing EHR display, Education and Surveillance (DATA-EYES)	000	DISCRETIONARY	4	9/12/2025	OREGON HEALTH & SCIENCE UNIVERSITY	972393011	\$990,084

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Issue FY	Fund FY	OPDIV	ALN	Assistance Listing	State	Award Number	Award Title	Award Code	Award Class Type	Budget Year	Action Date	Legal Entity Name	ZIP Code	Award Amount
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R18HS029347	Diagnostic Safety Center for Advancing E-triggers and Rapid Feedback Implementation (DISCOVERI)	000	DISCRETIONARY	4	9/12/2025	BAYLOR COLLEGE OF MEDICINE	770303411	\$999,698
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	WI	R18HS029608	Engineering Resilient Community Pharmacies (ENRICH)	001	DISCRETIONARY	3	9/12/2025	UNIVERSITY OF WISCONSIN SYSTEM	537151218	\$499,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	DC	K08HS029515	Improving risk prediction for children seeking emergency medical services (EMS) care with non-emergent complaints	001	DISCRETIONARY	2	9/12/2025	CHILDREN'S RESEARCH INSTITUTE	20010	\$142,476
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R18HS029346	Re-engineering Patient and Family Communication to Improve Diagnostic Safety Resilience	000	DISCRETIONARY	4	9/12/2025	CHILDREN'S HOSPITAL CORPORATION, THE	021155724	\$997,017
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MO	U18HS029911	Advancing Long COVID Care in our Community through Access, Equity, and Collaboration	000	COOPERATIVE AGREEMENT	3	9/11/2025	WASHINGTON UNIVERSITY, THE	631304862	\$910,126
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	K08HS029518	Antibiotic Utilization Patterns and Impact on Outcomes for Patients with Respiratory Viral Sepsis	000	DISCRETIONARY	3	9/11/2025	BRIGHAM & WOMENS HOSPITAL INC	021156110	\$153,360
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	U18HS029947	Comprehensive Long COVID Care for Underserved Communities: Innovative Delivery and Dissemination Models (Comunidad)	000	COOPERATIVE AGREEMENT	3	9/11/2025	THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO	782293901	\$984,674
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R01HS027938	Diagnostic Failures in Dentistry	000	DISCRETIONARY	5	9/11/2025	UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON	770303870	\$400,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	K08HS028476	Evaluating the role of telehealth in patients with end stage kidney disease (ESKD)	000	DISCRETIONARY	4	9/11/2025	UNIVERSITY OF TEXAS AT AUSTIN	787121139	\$144,572
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NC	K08HS028862	Evaluation of end-of-life best practices and implementation of a tool to predict near-term death among patients with metastatic breast cancer in an oncology clinic	000	DISCRETIONARY	3	9/11/2025	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL	275995023	\$162,540
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CO	K08HS029693	Implementing antibiotic stewardship to improve the care of children hospitalized with pneumonia	000	DISCRETIONARY	2	9/11/2025	THE REGENTS OF THE UNIV. OF COLORADO	800452571	\$148,855
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	WA	U18HS029905	Improving Access to Multidisciplinary Care for patients with long COVID	001	COOPERATIVE AGREEMENT	3	9/11/2025	UNIVERSITY OF WASHINGTON	981951016	\$998,421
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IL	K08HS029208	Improving Interhospital Transfer of Patients with Neurologic Emergencies	000	DISCRETIONARY	4	9/11/2025	NORTHWESTERN UNIVERSITY	602080001	\$150,291
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	U18HS029930	Long COVID Care Resources and Education to Advance Community Health (REACH)	003	COOPERATIVE AGREEMENT	3	9/11/2025	THE LELAND STANFORD JUNIOR UNIVERSITY	943052004	\$975,850
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	WA	K08HS028672	Long-term Trauma Outcomes and Insurance Policy	000	DISCRETIONARY	6	9/11/2025	UNIVERSITY OF WASHINGTON	981951016	\$147,625
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	U18HS029920	Mid-Atlantic Pediatric Long COVID Network:Implementing patient-centered and multi-disciplinary practices to improve pediatric long COVID	000	COOPERATIVE AGREEMENT	3	9/11/2025	HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER, INC.	212051832	\$886,288
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CO	U18HS029943	Novel Statewide Response to Post-COVID Care Delivery	000	COOPERATIVE AGREEMENT	3	9/11/2025	THE REGENTS OF THE UNIV. OF COLORADO	800452571	\$991,489
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	SC	R01HS027912	System Optimization for Advances in Sterile Processing	000	DISCRETIONARY	5	9/11/2025	THE MEDICAL UNIVERSITY OF SOUTH CAROLINA	294258908	\$388,864
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IL	R01HS027804	TELE-TOC: Telehealth Education Leveraging Electronic Transitions Of Care for COPD Patients - Resubmission - 1	000	DISCRETIONARY	5	9/11/2025	UNIVERSITY OF CHICAGO	606375418	\$399,991
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	GA	U18HS029944	The Atlanta Long COVID Collaborative: A Multi-Health System Long COVID Coordinated Care Model Serving a Diverse Metropolitan Population	000	COOPERATIVE AGREEMENT	3	9/11/2025	EMORY UNIVERSITY	303221061	\$1,000,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	U18HS029924	The Pitt IMProving Access to Culturally relevant long COVID care and Treatment (IMPACCT) Program	000	COOPERATIVE AGREEMENT	3	9/11/2025	UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION	152600001	\$965,315
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	U18HS029951	Broadening the scale and impact of a comprehensive Long COVID clinic to serve diverse patient groups with multidisciplinary care and research access	001	COOPERATIVE AGREEMENT	2	9/10/2025	REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, THE	941034249	\$1,000,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OH	R18HS029626	Digital Innovation, Simulation, and Collaboration using Virtual Environment Realities (DISCOVER) for Pediatric Diagnostic	000	DISCRETIONARY	3	9/10/2025	CHILDRENS HOSPITAL MEDICAL CENTER	452293039	\$500,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NY	R18HS029122	Patient-Driven Medication Safety Learning Laboratory in Care Transitions	000	DISCRETIONARY	3	9/10/2025	THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	142282577	\$484,746
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	DC	R18HS029458	Perinatal Mood and Anxiety Learning Laboratory in a Freestanding Children's Hospital	000	DISCRETIONARY	3	9/10/2025	CHILDREN'S NATIONAL MEDICAL CENTER	200102916	\$445,138

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2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	R01HS027788	Precision coordination of therapeutic and prophylactic antibiotics to reduce infection, toxicity, and emergence of resistance following acute abdominal surgery	000	DISCRETIONARY	5	9/10/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091015	\$432,590
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NY	U18HS029945	Primary care-integrated Long COVID care to improve outcomes for minoritized adults in New York City	001	COOPERATIVE AGREEMENT	3	9/10/2025	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	100296504	\$999,915
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IL	R18HS029483	Shock Patients: Interprofessional Communication to Enhance Diagnosis (SPICED)	000	DISCRETIONARY	3	9/10/2025	NORTHWESTERN UNIVERSITY	602080001	\$499,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MO	K08HS028845	Standardizing Antibiotic Prescribing for Children Hospitalized with Infections using Novel Metrics and Electronic Clinical Decision Support Tools	000	DISCRETIONARY	4	9/10/2025	CHILDRENS MERCY HOSPITAL	641084619	\$148,659
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MO	R01HS029872	Combating Community-Associated Antimicrobial Resistant Organisms Combat CA-ARO Study	001	DISCRETIONARY	2	7/7/2025	WASHINGTON UNIVERSITY, THE	631304862	\$249,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R18HS027756	Dissemination and implementation of a telehealth program to deliver effective antibiotic stewardship support to rural or medically underserved newborn nurseries.	001	DISCRETIONARY	4	7/7/2025	THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO	782293901	\$171,566
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R01HS029318	Evaluation of Calibrate Dx: A Resource to Improve Diagnostic Decisions in the Hospital Setting	001	DISCRETIONARY	2	7/7/2025	BAYLOR COLLEGE OF MEDICINE	770303411	\$188,087
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R01HS029500	Implementing vancomycin-sparing regimens in preterm infants	001	DISCRETIONARY	2	7/7/2025	THE CHILDREN'S HOSPITAL OF PHILADELPHIA	191044319	\$244,079
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R01HS028427	Modeling How Moral Distress & Ethical Confidence Impact Nurses' Emotional & Physical Health and Safety Culture	001	DISCRETIONARY	4	7/7/2025	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, THE	191046205	\$200,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R01HS029879	Optimizing antibiotic selection in hematologic malignancy patients with reported beta-lactam allergy	002	DISCRETIONARY	2	7/7/2025	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, THE	191046205	\$249,755
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OH	R01HS029001	Pain, Multimorbidity, Opioid-Drug Interactions and Risk for Opioid Use Disorder or Overdose in Older Adults	001	DISCRETIONARY	3	7/7/2025	OHIO STATE UNIVERSITY, THE	432101016	\$194,958
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TN	R01HS028430	Realtime Measurement of Situational Workload in NICU Nurses to Improve Workload Management and Patient Safety	001	DISCRETIONARY	4	7/7/2025	VANDERBILT UNIVERSITY MEDICAL CENTER	372320001	\$198,971
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TN	R01HS029331	Reducing Overuse of Antibiotics with Decision Support: The ROADS Study	001	DISCRETIONARY	3	7/7/2025	VANDERBILT UNIVERSITY MEDICAL CENTER	372320001	\$249,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	R01HS028634	Respiratory Culture Stewardship to Reduce Antibiotic Use in Critically Ill Children	001	DISCRETIONARY	4	7/7/2025	THE JOHNS HOPKINS UNIVERSITY	212182608	\$205,868
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NC	R01HS029017	Testing a Cardiovascular Ambulatory Rapid Evaluation for Patients with Chest Pain (CARE-CP)	001	DISCRETIONARY	3	7/7/2025	WAKE FOREST UNIVERSITY HEALTH SCIENCES	271570001	\$200,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	SC	R01HS028006	Testing a Scalable Model of Care to Improve Patients' Access to Mental Health Services after Traumatic Injury	001	DISCRETIONARY	4	7/7/2025	THE MEDICAL UNIVERSITY OF SOUTH CAROLINA	294258908	\$196,368
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	K01HS027830	Determinants, Outcomes, and Financial Incentives Associated with Cardiac Rehabilitation Enrollment After Cardiac Surgery	000	DISCRETIONARY	5	7/1/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091015	\$149,040
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	K08HS028474	Engaging rural surgeons to enhance opioid stewardship	000	DISCRETIONARY	4	7/1/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091015	\$144,750
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	R18HS028963	Engineering Whole Health into Hospital Care to Improve Wellness: The M-Wellness Laboratory (M-Well)	000	DISCRETIONARY	4	7/1/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091015	\$497,004
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	R01HS027846	Patient Engagement in Reporting Medication Events during Transitions of Care	000	DISCRETIONARY	5	7/1/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091015	\$380,686
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OH	R18HS030070	Dissemination of a Facilitation Strategy to Deimplement Unnecessary Post-Operative Antibiotics at Children's Hospitals	001	DISCRETIONARY	2	6/30/2025	RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL	432052664	\$400,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R01HS028595	Developing e-Triggers to Detect Telemedicine Related Diagnostic Safety Events	000	DISCRETIONARY	4	6/26/2025	BAYLOR COLLEGE OF MEDICINE	770303411	\$399,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R01HS029874	Developing strategies for implementation and use of the Operating Room Black Box	000	DISCRETIONARY	2	6/26/2025	THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER	753907208	\$400,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R01HS029188	Smart checklist implementation for pediatric tracheal intubations in the ICU- multicenter study: SMART PICU	000	DISCRETIONARY	3	6/26/2025	THE CHILDREN'S HOSPITAL OF PHILADELPHIA	191044319	\$394,662
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	AR	R01HS029862	Effects of COVID-19 Related Medicaid Policy Changes in the Marshallese COFA Migrant Population	000	DISCRETIONARY	2	6/25/2025	UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES	722057101	\$378,686

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2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IL	R18HS028782	Healthy Hearts in Manufacturing: Improving Cardiovascular Care in Worksite Health Clinics	000	DISCRETIONARY	3	6/25/2025	NORTHWESTERN UNIVERSITY	602080001	\$399,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IL	R01HS028003	Implementation of Digital Mental Health Tools in Ambulatory Care Coordination	003	DISCRETIONARY	5	6/25/2025	NORTHWESTERN UNIVERSITY	602080001	\$361,195
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CO	K08HS029210	Improving Pediatric Field Trauma Triage	000	DISCRETIONARY	3	6/25/2025	DENVER HEALTH AND HOSPITAL AUTHORITY	802044507	\$151,456
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	U18HS029950	Keck COVID Recovery Clinic Optimal Outcomes for Patients, a Comprehensive Assessment and Management Program	001	COOPERATIVE AGREEMENT	2	6/25/2025	UNIVERSITY OF SOUTHERN CALIFORNIA	90033	\$999,330
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	K08HS028854	Optimizing Implementation of Multiplex Molecular Panel Testing to Reduce Diagnostic Error	000	DISCRETIONARY	4	6/25/2025	UNIVERSITY OF MARYLAND, BALTIMORE	212011531	\$147,369
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	RI	R01HS029133	The INFECTADO study: INFECTIONS Acquired by persons on maintenance hemoDialysis during hOspitalizations	000	DISCRETIONARY	3	6/25/2025	RHODE ISLAND HOSPITAL	029034923	\$500,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	K08HS029197	Use of Inter-Hospital Transfer Services in Critical Illness and Acute Respiratory Failure	000	DISCRETIONARY	3	6/25/2025	THE GENERAL HOSPITAL CORPORATION	021142621	\$156,276
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	R01HS028438	A quality and cost analysis of interprofessional team continuity in ICUs	003	DISCRETIONARY	4	6/19/2025	THE JOHNS HOPKINS UNIVERSITY	212182608	\$398,606
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NC	R01HS030223	An infection prevention dilemma: should we place patients with C. difficile colonization on contact precautions?	001	DISCRETIONARY	2	6/19/2025	DUKE UNIVERSITY	277054640	\$500,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	R01HS029306	De-implementation of Low-Value Testing in Patients Undergoing Low-Risk Surgery	002	DISCRETIONARY	3	6/19/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091015	\$374,902
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R01HS030083	Reducing Uninsurance by Addressing Administrative Burdens in the Health Insurance Marketplaces	000	DISCRETIONARY	2	6/19/2025	UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION	152600001	\$393,652
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	U18HS029937	Supporting Patients Recovering from COVID-19 (SPaRC)	000	COOPERATIVE AGREEMENT	2	6/19/2025	THE JOHNS HOPKINS UNIVERSITY	212182608	\$997,822
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NY	R18HS029126	Improving Outcomes in Chronic Intestinal Failure Using the ECHO Model: The LIFT-ECHO Last Mile Project	000	DISCRETIONARY	3	6/16/2025	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	100296504	\$395,068
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IA	R18HS028778	Integrating Next Generation Simulator Training and Operating Room Performance Assessment into Orthopedic Residency Programs	000	DISCRETIONARY	4	6/16/2025	THE UNIVERSITY OF IOWA	522421316	\$355,989
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	R01HS027990	Measuring and Understanding Diagnostic Quality from Large-Scale Data	002	DISCRETIONARY	5	6/16/2025	REGENTS OF THE UNIVERSITY OF CALIFORNIA, THE	947101749	\$381,165
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	WA	R18HS029607	Pediatric Transport Learning Laboratory	000	DISCRETIONARY	3	6/16/2025	UNIVERSITY OF WASHINGTON	981951016	\$499,939
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MN	R18HS029616	REST-PSLL: Re-engineering Surgical Recovery and Transitions Using Technology Patient Safety Learning Laboratory	000	DISCRETIONARY	3	6/16/2025	REGENTS OF THE UNIVERSITY OF MINNESOTA	554143074	\$500,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	R01HS028606	Fulfilling the Promise of Hospital Consolidation to Improve Clinical Quality and Costs	000	DISCRETIONARY	4	6/7/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091015	\$376,401
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	R01HS029313	Standardization of Evaluation to Treatment of pediatric perianal Crohn's disease and improving Outcomes through Networking (SETON)	000	DISCRETIONARY	3	6/7/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091015	\$385,669
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R01HS029489	A Randomized Controlled Trial of a Diagnostic Stewardship Intervention to Reduce Inappropriate Antibiotic Use for Urinary Tract Infections in Primary Care	000	DISCRETIONARY	3	6/6/2025	BAYLOR COLLEGE OF MEDICINE	770303411	\$457,805
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS028982	Advancing Health Information (HIE) During Inter-hospital Transfer (IHT) to Improve Patient Outcomes	000	DISCRETIONARY	4	6/6/2025	BRIGHAM & WOMENS HOSPITAL INC	021156110	\$391,241
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS029470	Assessing the Effects of EHR Optimization Interventions in Primary Care	000	DISCRETIONARY	2	6/6/2025	BRIGHAM & WOMENS HOSPITAL INC	021156110	\$399,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R01HS029501	Deprescribing of Disease Modifying Agents in Older Adults with Multiple Sclerosis	000	DISCRETIONARY	3	6/6/2025	UNIVERSITY OF HOUSTON SYSTEM	772043067	\$397,090
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	WA	R01HS029142	Development and Evaluation of an Instrument to Measure Shared Decision-Making in Pediatrics	000	DISCRETIONARY	3	6/6/2025	SEATTLE CHILDREN'S HOSPITAL	981053901	\$386,987
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	R01HS029011	EHR usability and usefulness, perceived missed nursing care and medication errors in critical care	000	DISCRETIONARY	4	6/6/2025	UNIVERSITY OF MARYLAND, BALTIMORE	212011531	\$377,645
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS028458	Epidemic Surge Model Use to Improve Patient, Staff, and System Safety and Resiliency	001	DISCRETIONARY	4	6/6/2025	NORTHEASTERN UNIVERSITY	021155005	\$399,999

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2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	RI	R01HS029513	Evaluating diagnostic decision support systems for patients requiring urgent primary or emergency care or with stroke	000	DISCRETIONARY	3	6/6/2025	BROWN UNIVERSITY	029129100	\$380,541
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	K08HS029029	Leveraging Human Factors to Evaluate Quality of Neonatal Delivery Room Care	000	DISCRETIONARY	4	6/6/2025	THE CHILDREN'S HOSPITAL OF PHILADELPHIA	191044319	\$143,243
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS029664	Medicare Advantage versus Traditional Medicare for Dual Eligible Beneficiaries	000	DISCRETIONARY	2	6/6/2025	THE GENERAL HOSPITAL CORPORATION	021142621	\$399,060
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R18HS029473	Resilient Communication Systems: A Pediatric Patient Safety Learning Lab	002	DISCRETIONARY	3	6/6/2025	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, THE	191046205	\$496,482
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OR	R01HS028429	Emergency Medical Services for Children Evaluation of Readiness and Outcomes (EMSC-HERO)	000	DISCRETIONARY	4	6/5/2025	OREGON HEALTH & SCIENCE UNIVERSITY	972393011	\$386,067
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	DC	R01HS029678	Evaluating Use and Expenditures on Low Quality Breast Cancer Care in the Medicare Program	000	DISCRETIONARY	2	6/5/2025	GEORGETOWN UNIVERSITY	20057	\$399,452
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS028814	Implementing Telemedicine to Improve Appropriate Antibiotic Prescribing for Acute Respiratory Tract Infections	001	DISCRETIONARY	4	6/5/2025	BOSTON MEDICAL CENTER CORPORATION	021182908	\$483,567
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	DC	R01HS028450	Improving health data quality by assessing and enhancing semantic integrity	000	DISCRETIONARY	4	6/5/2025	GEORGE WASHINGTON UNIVERSITY (THE)	200520042	\$380,949
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IL	R01HS029004	Outcomes and Affordability of Observation Status for Children (OASIS)	000	DISCRETIONARY	3	6/5/2025	NORTHWESTERN UNIVERSITY	602080001	\$400,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IN	R01HS028026	Wearable sensors for modeling and assessing nontechnical skills in surgery	000	DISCRETIONARY	4	6/5/2025	PURDUE UNIVERSITY	479061332	\$387,121
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R18HS028776	A Cluster Randomized Trial of Two Implementation Strategies to Disseminate a Successful Antibiotic Stewardship Intervention	000	DISCRETIONARY	4	6/4/2025	BAYLOR COLLEGE OF MEDICINE	770303411	\$466,159
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CT	R01HS027626	Personalized Recommendations for Acute Kidney Injury (AKI) Care Using a Kidney Action Team: A Randomized Trial	000	DISCRETIONARY	5	6/4/2025	YALE UNIV	065113572	\$369,875
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MN	R01HS029460	Rapid learning during a public health emergency: COVID-19 related medication treatment patterns in Medicare	000	DISCRETIONARY	3	6/4/2025	REGENTS OF THE UNIVERSITY OF MINNESOTA	554143074	\$388,813
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	R18HS029298	Transfusion Recommendations Implemented in the PICU (TRIP)	000	DISCRETIONARY	3	6/4/2025	THE LELAND STANFORD JUNIOR UNIVERSITY	943052004	\$357,434
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	R01HS028024	Advancing Safety Process Innovation in Rheumatology (ASPIRE)	000	DISCRETIONARY	4	6/3/2025	REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, THE	941034249	\$394,758
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	WA	K08HS029028	Using telehealth to improve access to gender-affirming care for BIPOC and rural gender diverse youth	000	DISCRETIONARY	3	4/23/2025	SEATTLE CHILDREN'S HOSPITAL	981053901	\$143,057
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	DC	R13HS030056	Annual Health Services Research Meeting	000	DISCRETIONARY	2	4/1/2025	ACADEMY HEALTH	200061215	\$48,738
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	U18HS030335	SCALE-LHS: Synthesize, Coordinate, Amplify, Learn, and Evaluate the AHRQ/PCOR LHS network	001	COOPERATIVE AGREEMENT	1	4/1/2025	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, THE	191046205	\$0
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NJ	K01HS029522	An Evidence-Based Leadership Training Intervention to Accelerate Integration of Behavioral Health and Primary Care	000	DISCRETIONARY	2	3/31/2025	RUTGERS THE STATE UNIVERSITY OF NEW JERSEY	071073001	\$154,340
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IN	K01HS028926	Adapting Guideline Implementation to Local Environments (AGILE) in Primary Care After Telehealth Expansion	000	DISCRETIONARY	5	3/28/2025	TRUSTEES OF INDIANA UNIVERSITY	474057000	\$159,003
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NM	K08HS029038	Improving rural mental health equity through Medicaid policy evaluation - resubmission	000	DISCRETIONARY	3	3/28/2025	UNIVERSITY OF NEW MEXICO	871310001	\$153,706
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IL	K01HS027906	Optimizing utilization of lay health workers to address maternal and child health disparities: A Comprehensive Evaluation of a clinically integrated Breastfeeding Peer Counseling Program	000	DISCRETIONARY	4	3/28/2025	ENDEAVOR HEALTH CLINICAL OPERATIONS	602011613	\$143,856
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IN	R01HS028008	Predictive modeling for social needs in emergency department settings	001	DISCRETIONARY	5	3/28/2025	TRUSTEES OF INDIANA UNIVERSITY	462022915	\$380,612
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	K08HS029534	Detecting and characterizing diagnostic errors among high-risk patients discharged from the emergency department	000	DISCRETIONARY	2	3/27/2025	CEDARS-SINAI MEDICAL CENTER	900481865	\$150,921
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	RI	P30HS029756	Learning Health systems training to improve Disability and chronic condition care (LeaHD)	001	DISCRETIONARY	2	3/27/2025	BROWN UNIVERSITY	029129100	\$0

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2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R01HS029003	The interplay of behavioral therapies, pharmacological treatments and psychiatric adverse events among Youth with Autism Spectrum Disorders	000	DISCRETIONARY	3	3/27/2025	PENNSYLVANIA STATE UNIVERSITY	170332391	\$386,704
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NY	R33HS028892	A novel patient-facing mobile platform to collect and implement patient-reported outcomes and voice biomarkers in underserved adult patients with asthma	000	DISCRETIONARY	3	3/25/2025	ALBERT EINSTEIN COLLEGE OF MEDICINE	104611900	\$271,283
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	R33HS029372	AR-CPR: Refinement and Large-Scale Simulation-Based Testing of a Novel Augmented Reality Point of Care Chest Compression Feedback System.	000	DISCRETIONARY	3	3/25/2025	THE JOHNS HOPKINS UNIVERSITY	212182608	\$270,597
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	K08HS027653	Early career surgeon performance - a patient safety blind spot	000	DISCRETIONARY	5	3/25/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091015	\$143,640
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MO	R01HS029324	Enhanced HandOffs (ECHO)	000	DISCRETIONARY	3	3/25/2025	WASHINGTON UNIVERSITY, THE	631304862	\$399,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NY	R01HS028000	Implementing personalized cross-sector transitional care management to promote care continuity, reduce low value utilization, and reduce the burden of treatment for high-need, high-cost patients	000	DISCRETIONARY	5	3/25/2025	THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	142282577	\$376,907
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	WA	R33HS029399	Inform Shared Decision-making with Advanced Bayesian Causal Inference to Improve Quality of Pediatric Rheumatology Care	000	DISCRETIONARY	3	3/25/2025	SEATTLE CHILDREN'S HOSPITAL	981053901	\$259,672
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IN	R33HS028880	Peer PLUS: A Client-Centered Digital Intervention for Addressing the Needs of Individuals with Substance Use Disorder	000	DISCRETIONARY	3	3/25/2025	PARKVIEW HOSPITAL, INC.	468081167	\$232,786
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	K08HS027640	Understanding the impact of perinatal insurance disruptions on maternal and child health outcomes	000	DISCRETIONARY	5	3/25/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091015	\$155,304
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MO	R01HS029508	A Human Factors Approach to Mitigating Speech Communication Interference in the Operating Room	000	DISCRETIONARY	2	3/24/2025	THE CURATORS OF THE UNIVERSITY OF MISSOURI	652113020	\$396,988
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	R18HS029291	A Systems Engineering Approach to Optimize Pediatric Medication Safety	000	DISCRETIONARY	3	3/24/2025	MEDSTAR HEALTH RESEARCH INSTITUTE INC.	210446097	\$490,138
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	UT	R21HS029982	An Age-Friendly Learning Healthcare System: A Transformative Digital Solution for Geriatrics Clinics	000	DISCRETIONARY	2	3/24/2025	UNIVERSITY OF UTAH	841129049	\$140,369
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IA	R18HS029292	Assuring Medication Safety in K-12 Schools: Implementing and Evaluating the Electronic School Medication Administration Record (E-SMAR) System	000	DISCRETIONARY	3	3/24/2025	THE UNIVERSITY OF IOWA	522421316	\$345,622
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R01HS029867	CCC EQUATE (Equitable Quantification And Task Evaluation)	000	DISCRETIONARY	2	3/24/2025	THE CHILDREN'S HOSPITAL OF PHILADELPHIA	191044319	\$350,544
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NC	R18HS029474	Development and Assessment of Artificial Intelligence (AI)-Enhanced Pre-treatment Peer-review Process to Improve Patient Safety in Radiation Oncology	000	DISCRETIONARY	2	3/24/2025	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL	275995023	\$450,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NY	R01HS028454	Essential Nurse Documentation: Studying EHR Burden during COVID-19 (ENDBurden)	000	DISCRETIONARY	4	3/24/2025	THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK	100323725	\$372,136
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	R01HS027434	Identifying Optimal Pain Management for Elders	000	DISCRETIONARY	5	3/24/2025	THE LELAND STANFORD JUNIOR UNIVERSITY	943052004	\$356,001
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IA	R21HS029959	Improving Identification and Coordination of Mobility Interventions in the ICU Using Clinical Decision Support	000	DISCRETIONARY	2	3/24/2025	THE UNIVERSITY OF IOWA	522421316	\$133,604
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	FL	R21HS029969	LabGenie: A Patient-Engagement Tool to Aid Older Adults' Understanding of Lab Test Results	000	DISCRETIONARY	2	3/24/2025	FLORIDA STATE UNIVERSITY	323060001	\$134,889
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	KS	R13HS029438	National Practice-Based Research Network Conferences 2023 to 2025	000	DISCRETIONARY	3	3/24/2025	NORTH AMERICAN PRIMARY CARE RESEARCH GROUP	662112672	\$50,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	K01HS028917	Patient-facing decision support for HIV and sexually transmitted infection prevention in low-income and minority patient populations.	001	DISCRETIONARY	3	3/24/2025	THE JOHNS HOPKINS UNIVERSITY	212182608	\$156,276
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NC	K01HS028529	Evaluating the Implementation of High Intensity Home-Based Rehabilitation Following Stroke	000	DISCRETIONARY	5	3/21/2025	DUKE UNIVERSITY	277054640	\$144,936
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	R01HS027790	Patient Perspectives on Prescription Opioid Discontinuation: Understanding and Promoting Safe Transitions	000	DISCRETIONARY	4	3/21/2025	KAISER FOUNDATION HOSPITALS	946123466	\$399,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	R18HS029283	Augmenting the On-scene Medic (ATOM): Development of a head-mounted display application to reduce prehospital pediatric medication errors	000	DISCRETIONARY	3	3/20/2025	WESTERN MICHIGAN UNIVERSITY HOMER STRYKER M.D. SCHOOL OF MEDICINE	490081282	\$477,394
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	R18HS029432	Disseminating PCOR findings to Reduce Racial Disparities in Surgical Sterilization	000	DISCRETIONARY	3	3/19/2025	REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, THE	941034249	\$499,999

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2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NY	R18HS029429	Reducing Disparities in Colorectal Cancer Screening through Proactive Outreach and Navigation in federally qualified health care centers in Brooklyn	000	DISCRETIONARY	3	3/19/2025	NEW YORK UNIVERSITY	100166402	\$487,597
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IL	R18HS029431	Sinai diabetes center	000	DISCRETIONARY	3	3/19/2025	SINAI HEALTH SYSTEM	606081782	\$475,394
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	IN	R01HS028001	Promoting Shared Decision Making in Periviable Care: A randomized controlled trial of the Periviable GOALS Decision Support Tool	000	DISCRETIONARY	4	3/3/2025	TRUSTEES OF INDIANA UNIVERSITY	462022915	\$96,022
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	R13HS029601	ASTARISQ: Addressing systemic and STStructurAl Racism to Improve Safety, Quality, and trustworthiness in health delivery systems	000	DISCRETIONARY	2	2/25/2025	UNIVERSITY OF MARYLAND, BALTIMORE	212011531	\$50,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS029319	Improving Equitable Access to Penicillin Allergy De-Labeling	002	DISCRETIONARY	4	2/21/2025	THE GENERAL HOSPITAL CORPORATION	021142621	\$249,967
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R01HS029318	Evaluation of Calibrate Dx: A Resource to Improve Diagnostic Decisions in the Hospital Setting	000	DISCRETIONARY	2	2/13/2025	BAYLOR COLLEGE OF MEDICINE	770303411	\$188,087
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS028930	A Multicenter Randomized Controlled Trial of a Patient Safety Reporting Intervention for Families to Improve Medical Error Detection and Reduce Inequities	000	DISCRETIONARY	4	2/10/2025	CHILDREN'S HOSPITAL CORPORATION, THE	021155724	\$199,324
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MO	R01HS029872	Combating Community-Associated Antimicrobial Resistant Organisms Combat CA-ARO Study	000	DISCRETIONARY	2	2/10/2025	WASHINGTON UNIVERSITY, THE	631304862	\$249,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R13HS028940	Design for Implementation: The Future of Trauma Research and Clinical Guidance	000	DISCRETIONARY	3	2/10/2025	COALITION FOR NATIONAL TRAUMA RESEARCH	782552127	\$49,612
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R01HS028427	Modeling How Moral Distress & Ethical Confidence Impact Nurses' Emotional & Physical Health and Safety Culture	000	DISCRETIONARY	4	2/10/2025	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, THE	191046205	\$200,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TN	R01HS028430	Realtime Measurement of Situational Workload in NICU Nurses to Improve Workload Management and Patient Safety	000	DISCRETIONARY	4	2/10/2025	VANDERBILT UNIVERSITY MEDICAL CENTER	372320001	\$198,971
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	R01HS028634	Respiratory Culture Stewardship to Reduce Antibiotic Use in Critically Ill Children	000	DISCRETIONARY	4	2/10/2025	THE JOHNS HOPKINS UNIVERSITY	212182608	\$205,868
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R18HS027756	Dissemination and implementation of a telehealth program to deliver effective antibiotic stewardship support to rural or medically underserved newborn nurseries.	000	DISCRETIONARY	4	2/7/2025	THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO	782293901	\$171,225
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OR	K08HS029353	Latino School Readiness: Engaging Pediatric and Early Childhood Systems to Adapt and Pilot Family Centered Primary Care Interventions	000	DISCRETIONARY	3	2/7/2025	OREGON HEALTH & SCIENCE UNIVERSITY	972393011	\$150,664
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OH	R01HS029001	Pain, Multimorbidity, Opioid-Drug Interactions and Risk for Opioid Use Disorder or Overdose in Older Adults	000	DISCRETIONARY	3	2/7/2025	OHIO STATE UNIVERSITY, THE	432101016	\$194,958
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NC	R01HS029017	Testing a Cardiovascular Ambulatory Rapid Evaluation for Patients with Chest Pain (CARE-CP)	000	DISCRETIONARY	3	2/7/2025	WAKE FOREST UNIVERSITY HEALTH SCIENCES	271570001	\$200,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	SC	R01HS028006	Testing a Scalable Model of Care to Improve Patients' Access to Mental Health Services after Traumatic Injury	000	DISCRETIONARY	4	2/7/2025	THE MEDICAL UNIVERSITY OF SOUTH CAROLINA	294258908	\$196,368
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NY	R01HS029012	Health Systems and High-Need Populations: The Effect of Vertical Integration on Utilization, Spending, and Quality for Medically ComplexPatients	000	DISCRETIONARY	3	1/22/2025	WELL MEDICAL COLLEGE OF CORNELL UNIVERSITY	100226145	\$394,423
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R01HS029500	Implementing vancomycin-sparing regimens in preterm infants	000	DISCRETIONARY	2	1/22/2025	THE CHILDREN'S HOSPITAL OF PHILADELPHIA	191044319	\$244,080
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TN	R01HS029331	Reducing Overuse of Antibiotics with Decision Support: The ROADS Study	000	DISCRETIONARY	3	1/22/2025	VANDERBILT UNIVERSITY MEDICAL CENTER	372320001	\$250,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	R18HS029299	The TRANS-SAFE Patient Safety Learning Lab: Systems Improvement for Psychosocial Safety in Transgender Care	000	DISCRETIONARY	3	1/22/2025	UNIVERSITY OF CALIFORNIA, SAN DIEGO	920930021	\$250,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	R01HS028397	Evaluating the Impact of Telemedicine on Ambulatory Care	000	DISCRETIONARY	4	1/17/2025	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091079	\$182,394
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS029497	Evaluations of Increasing State Investments in Primary Care: Effects on Health Care Spending, Utilization, and Quality	000	DISCRETIONARY	2	1/17/2025	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	021156027	\$199,998
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	R01HS029879	Optimizing antibiotic selection in hematologic malignancy patients with reported beta-lactam allergy	001	DISCRETIONARY	2	1/17/2025	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, THE	191046205	\$249,755

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2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	DC	R13HS029270	Twelfth Annual Conference of the American Society of Health Economists	000	DISCRETIONARY	3	1/17/2025	AMERICAN SOCIETY OF HEALTH ECONOMISTS	200056347	\$50,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	P30HS029755	PEDSnet Scholars: A National Pediatric Learning Health System Embedded Scientist Training and Research Program	000	DISCRETIONARY	2	12/23/2024	THE CHILDREN'S HOSPITAL OF PHILADELPHIA	191044319	\$973,541
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TN	P30HS029767	Realizing Accelerated Progress, Investigation, Implementation, and Dissemination in Learning Health Systems (RAPID-LHS) Center	000	DISCRETIONARY	2	12/20/2024	VANDERBILT UNIVERSITY MEDICAL CENTER	372320001	\$986,302
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	OH	R01HS027996	Achieving Pediatric Health Equity by Responding to Identified Sociomedical risks with Effective Unified Purpose –Co-design and Evaluation of the RISEUP System	000	DISCRETIONARY	4	12/12/2024	CHILDRENS HOSPITAL MEDICAL CENTER	452293039	\$384,413
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	P30HS029742	Michigan Embedded LHS Scientist Training and Research (MEL-STaR) Center	001	DISCRETIONARY	2	12/12/2024	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091079	\$0
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CO	R01HS028979	Optimizing the Clinical Management of Polypharmacy for Children with Medical Complexity	000	DISCRETIONARY	3	12/12/2024	THE REGENTS OF THE UNIV. OF COLORADO	800452571	\$399,144
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NY	P30HS029763	Columbia-Cornell-Einstein EQUIP+ Center for Learning Health System Science	000	DISCRETIONARY	2	12/5/2024	THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK	100323725	\$996,724
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	R01HS029660	Electronic Surveillance for Hospital-Onset Sepsis to Expand Detection of Serious Healthcare-Associated Infections	001	DISCRETIONARY	2	12/5/2024	HARVARD PILGRIM HEALTH CARE INC	020211166	\$96,859
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	AZ	P30HS029764	Southwest Safety Net Embedded Scientist Training and Research (SSNE-STaR) Center	000	DISCRETIONARY	2	12/5/2024	ARIZONA STATE UNIVERSITY	852813670	\$999,899
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	P30HS029737	Washington Learning Health System Embedded Scientist Training and Research Center (WA LHS E-STAR Center)	000	DISCRETIONARY	2	12/5/2024	KAISER FOUNDATION HOSPITALS	946123466	\$996,026
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	TX	R01HS029891	Evaluation of Post-Acute Care Access and Outcomes: Influence of Social Determinants of Health on Urban and Rural Rehabilitation Service Areas Before and After COVID-19	000	DISCRETIONARY	2	11/27/2024	THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO	782293901	\$393,334
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MD	P30HS029772	Promoting Embedded Research in a Learning Health System	000	DISCRETIONARY	2	11/27/2024	THE JOHNS HOPKINS UNIVERSITY	212182608	\$999,999
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MN	P30HS029744	Learning Health System Embedded Scientist Training and Research (LHS E-STaR) of theNorth (LeARN)	000	DISCRETIONARY	2	11/25/2024	REGENTS OF THE UNIVERSITY OF MINNESOTA	554552009	\$1,000,000
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	P30HS029745	Patient-Oriented Research and Training to Accelerate Learning (Penn PORTAL)	001	DISCRETIONARY	2	11/25/2024	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, THE	191046205	\$0
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	P30HS029752	Boston Health Equity & community-Aligned Learning Health System (Boston-HEALHS)	000	DISCRETIONARY	2	11/18/2024	BOSTON MEDICAL CENTER CORPORATION	021182908	\$978,045
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MA	P30HS029762	Massachusetts Institute for Equity-Focused Learning Health System Science (MIELHSS)	000	DISCRETIONARY	1	11/18/2024	BETH ISRAEL DEACONESS MEDICAL CENTER, INC.	022155400	\$997,446
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	P30HS029738	Learning Health System Embedded Scientist Training and Research Center	000	DISCRETIONARY	2	11/14/2024	REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, THE	941034249	\$999,372
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	R01HS028975	Effects of integration of advanced practice providers into surgical group practice	000	DISCRETIONARY	3	11/12/2024	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091079	\$391,216
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	RI	P30HS029756	Learning Health systems training to improve Disability and chronic condition care (LeaHD)	000	DISCRETIONARY	2	11/12/2024	BROWN UNIVERSITY	029129100	\$973,548
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	MI	P30HS029742	Michigan Embedded LHS Scientist Training and Research (MEL-STaR) Center	000	DISCRETIONARY	2	11/12/2024	REGENTS OF THE UNIVERSITY OF MICHIGAN	481091079	\$926,816
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	P30HS029745	Patient-Oriented Research and Training to Accelerate Learning (Penn PORTAL)	000	DISCRETIONARY	2	11/12/2024	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, THE	191046205	\$981,235
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NH	P30HS029771	Dartmouth Learning Health System (LHS) Embedded Scientist Training and Research (E-STaR) Center	001	DISCRETIONARY	2	11/8/2024	TRUSTEES OF DARTMOUTH COLLEGE	037552170	\$999,574
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	NJ	P30HS029759	Learning Health System Scientist Training And Research in New Jersey (LHS STAR NJ)	000	DISCRETIONARY	2	11/8/2024	RUTGERS THE STATE UNIVERSITY OF NEW JERSEY	071073001	\$847,500
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	CA	P30HS029770	UCSD Center for Learning Health Systems Science	000	DISCRETIONARY	2	11/8/2024	UNIVERSITY OF CALIFORNIA, SAN DIEGO	920930021	\$987,032
2025	2025	AHRQ	93226	Research on Healthcare Costs, Quality and Outcomes	PA	U18HS030335	SCALE-LHS: Synthesize, Coordinate, Amplify, Learn, and Evaluate the AHRQ/PCOR LHS network	000	COOPERATIVE AGREEMENT	1	10/28/2024	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, THE	191046205	\$790,649

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

SOCIETY OF GENERAL INTERNAL
MEDICINE, ET AL.,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., ET AL.,

Defendants.

Case No.: 8:25-cv-02751-BAH

ORDER

Upon consideration of Defendants' Motion to Dismiss (the "Motion") and all matters in support thereof and in opposition thereto, it is this this ____ day of _____, 2026, by the United States District Court for the District of Maryland, hereby:

ORDERED that the Motion is **GRANTED**; and it is further

ORDERED that Plaintiffs' Complaint is **DISMISSED WITH PREJUDICE**.

Brendan A. Hurson
United States District Judge