Congress of the United States

Washington, DC 20515

July 13, 2026

The Honorable Russell Vought
Director
Office of Management and Budget
1650 Pennsylvania Ave N.W.
Washington, DC 20503

Re: OMB-2026-0034, Office of Management and Budget (OMB) Regulation for Federal Financial Assistance

Dear Director Vought:

We are writing to submit our comments in response to the proposed rule "Regulation for Federal Financial Assistance (OMB-2026-0034)" and raise serious concerns regarding the impact on U.S. biomedical research and public health. The proposed rule fails at its stated purpose of improving transparency, accountability, and oversight for federal awards. Instead, it usurps the ability of federal agencies to carry out their congressionally directed missions and injects the whims of political appointees into all federal agency grantmaking processes. If finalized, the rule would reduce transparency and accountability by holding recipient organizations to a set of political standards that are ill-defined and allow political appointments to police standards of scientific integrity. We strongly urge the proposed rule be withdrawn.

The proposed rule threatens a world-leading biomedical research enterprise that has taken decades to build. It adds unnecessary bureaucracy to a federal grantmaking process that has already slowed precipitously under the Trump Administration. New procedural hurdles will further damage federal grantmaking. Allowing agencies to unilaterally terminate grants at their discretion will disrupt research and programs and slow reviews and approvals, ultimately wasting taxpayer dollars. Furthermore, requiring that grants advance the President's policy priorities will introduce policy whiplash, diminishing the stability and predictability of federal grantmaking. By politicizing federal grantmaking, this rule will stifle scientific discovery and dismantle America's dominance in biomedical innovation at a critical moment for domestic research and global competition.

This rule threatens to upend federal funding for the external research institutions that conduct the majority of federal research in the United States. These research institutions make large up-front investments in the facilities, equipment, and administrative support necessary to conduct cutting-edge biomedical research. They are willing to take on these calculated risks because, for several decades, federal support for biomedical research has been stable and consistent, supported by strong bipartisan majorities in Congress and many successive Republican and Democratic administrations. This concept of stable funding of capable recipients forms the basis of multi-year federal grant and cooperative agreement funding mechanisms, which are designed to endure beyond transitions in presidential administrations. This stability also directly benefits patients—people enroll in clinical trials with the assumption that their care

through a trial will not be disrupted for any reason other than a legitimate clinical issue. That assumption would fail under this rule. The rule would disturb the predictability of funding institutions and patients rely on.

The proposed rule's changes to grantmaking procedures are explicitly designed to diminish the role of scientific judgment. It requires a new pre-issuance review process for grants that would be conducted by political appointees, with no regard as to whether they have training in the underlying subject of the grant. Peer review by experts in the field, which forms the core of merit review-based funding decisions, is explicitly relegated to an "advisory" function on which appointees may not rely. The risks of this change could be especially pronounced for grants involving climate change, pandemic disease, sexual and reproductive health, behavioral health intervention, and others. But it could also impact National Institutes of Health (NIH)-funded biomedical research, Administration for Strategic Preparedness and Response (ASPR)-funded hospital disaster preparedness grants, Centers for Disease Control and Prevention (CDC)-funded influenza tracking programs, Substance Abuse and Mental Health Services Administration (SAMHSA)-funded substance use disorder treatment centers, and Health Resources and Services Administration (HRSA)-funded health workforce training grants, among others. Layering on a requirement that grants advance the President's policy priorities further diminishes the role of scientific judgment and increases the importance of the views of political actors, which may change across or even within administrations.

Congress authorized NIH to award grants that support cures, vaccines, treatments, and scientific research based on scientific merit, which is affirmed throughout Title IV of the Public Health Service Act. Nowhere in NIH's statute does Congress provide OMB or the White House a role in adjudicating individual grants, to define criteria for grant selection, or to put its policy preferences ahead of Congress's directions. Congress has established scientific review processes to insulate grantmaking from political interference. That includes a statutory two-step peer review process to principally inform decision-making on grants and ensure projects are funded based on their scientific merits and in good stewardship of taxpayer funds. Throughout NIH's authorizing statute Congress expresses the purpose of the agency at large and its institutes and centers, and these purposes are understood to be driven by the best science. The proposed rule undermines these statutory requirements by injecting political preferences into a process Congress intentionally designed to be merit-based.

Section 492 of the Public Health Service Act mandates that the NIH Director require appropriate scientific peer review of grant applications and gives the NIH Director authority to design such procedures. The statute even goes so far as to prohibit the Secretary of Health and Human Services from approving or funding proposals that have not undergone such review in accordance with Section 492. Congress's recognition of the value of peer review and scientific expertise is reflected in other authorizing statutes. For example, section 504 of the Public Health Service Act requires that SAMHSA grants exceeding a certain dollar amount must be peer reviewed by "eminently qualified" individuals, specifically including those licensed and experienced in relevant fields with limits to even the Secretary's personal discretion. In contrast, the proposed rule states "senior appointees must conduct these reviews and apply specific principles when evaluating proposals." However, appointees selected on the basis of their

political alignment with an Administration often lack the expertise to evaluate the scientific merits of a proposal. Furthermore, industries with a political connection to senior Administration officials could influence a decision to fund research that benefits them or terminate a study of product-related harms. It is because of these risks of political favoritism that Congress authored NIH's grantmaking authorities to ensure science be left to the scientists—a principle this rule brazenly contradicts.

Requiring senior political appointees to conduct pre-award reviews of all proposals will enable any Administration in power to issue awards to politically aligned proposals of dubious scientific merit. For example, CDC's planned study of the hepatitis B vaccine birth dose among newborns in Guinea-Bissau was prioritized by political appointees, lacked scientific expert review, and was funded without open competition.[1] The study is now halted after Guinea-Bissau health officials, the World Health Organization, and Members of Congress raised serious ethical and procedural flaws about the project, including its potential to expose neonates to hepatitis B by depriving them of the birth dose.[2] Review by scientists with relevant scientific experience ensures projects are ethically and scientifically sound.

Basic scientific research, interventional trials, clinical care delivery, and implementation of public health programs require consistent support for infrastructure and staffing. When those supports are interrupted, the foundation for the entire research and public health enterprise is jeopardized beyond any one grant. Congress designed HHS' grantmaking programs to operate in a merit-based way and to provide that consistent support for research and public health activities. We strongly urge you to withdraw this proposed rule.

Sincerely,

Diana DeGette
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce

Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce

[1] Rolling Stone. New documents reveal a controversial vaccine study's unusual path to CDC approval. https://www.rollingstone.com/politics/politics-features/new-documents-vaccine-study-cdc-approval-1235518406/ (February 20, 2026)

[2] CIDRAP. Guinea-Bissau officials stop CDC-funded hepatitis B vaccine trial. https://www.cidrap.umn.edu/hepatitis/guinea-bissau-officials-stop-cdc-funded-hepatitis-b-vaccine-trial (February 24, 2026).

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