AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

July 10, 2026

The Honorable Russell Vought
Director
White House Office of Management and Budget
Washington, DC 20503

Office of Management and Budget (OMB) Re: RIN OMB-2026-0034-0001 Regulation for Federal Financial Assistance [2 CFR §§200.205, 200.300, 200.340-200.343, 200.421, 200.450]

Dear Mr. Vought:

On behalf of the American Public Health Association, a diverse community of public health professionals that champion the health of all people and communities, I write in strong opposition to the Office of Management and Budget's proposed Regulation for Federal Financial Assistance (OMB-2026-0034-0001).

This troubling proposal threatens to upend the federal grant-making process by introducing political ideology, financial uncertainty, and restrictions on lawful public health interventions into the process that provides critical grant funding from all federal agencies to state and local governments, community organizations, researchers, and scientists, among others. Agencies including the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Environmental Protection Agency (EPA), Department of Agriculture (USDA) and others provide crucial funding that is essential to support evidence-based public health interventions, medical and scientific research, safe housing, nutrition assistance programs, education, environmental safeguards and other programs that improve the health of communities across the country. These proposed changes are being made without congressional authority and are in some cases directly contrary to congressional intent.[1]

In addition, OMB's proposal has significant implications for professional associations, including financial uncertainty for federal grant recipients, restrictions related to membership dues, conference attendance fees, and subscriptions to professional periodicals, among others. Professional associations like APHA play a critical role in professional development, continuing education, sharing of research and successful policy interventions and many other benefits that strengthen collaboration and effectiveness within the public health professions. The proposed regulation would have significant negative implications for APHA, its members and the public. While we highlight some of the specific provisions that we find extremely concerning and problematic with the proposed rule, these are only examples of our many objections to the proposed rule as a whole.

[1] Although dozens of other agencies purport to be joining in this rulemaking alongside OMB, the proposal does not even attempt to address their statutory authority to do so, or reflect considerations unique to those agencies, the grant programs they administer, or the statutes governing those programs. All the concerns APHA raises in this comment apply with equal or greater force to the other agencies' respective purported proposals as well.

Expanded Discretionary Termination and Suspension Authority: §200.340, Pre-Issuance Review by Senior Political Appointees: §200.205, Increased Administrative Burden §200.303

The proposed rule would expose grantees to unpredictable financial, legal, and reputational risks that increase the costs of accepting federal awards while decreasing the benefits by allowing an and terms and conditions through the awards process itself. Under the proposal, an agency could potentially terminate or temporarily suspend a grant at any point during the award period for any reason and would not be required to provide the grantee with a process to appeal the decision. Public health researchers often recruit volunteers to participate in their studies as they explore new interventions to improve public health including improving nutrition habits, reducing tobacco use and developing new programs to help prevent cancer, diabetes, heart disease, HIV, hepatitis, and many other chronic and infectious diseases. The suspension or termination of a federal grant would not only disrupt the researcher's work, but it would also put study participants at risk by abruptly terminating any support they were receiving as part of the study or research.

The proposed process for pre-issuance review of discretionary federal awards under the proposed rule would allow political appointees in an administration to reject federal funding proposals using criteria not authorized under federal law. Currently, independent peer reviewers, scientists and policy experts play a leading role in these important award decisions. This proposed change would allow political appointees to exclude certain grantees from consideration for funding for virtually any reason. Additionally, it is unclear how or if grantees would be notified if their proposal were to be rejected and agencies would not have to allow grantees to challenge or appeal a decision.

APHA has received important federal funding for a variety of programs and activities to improve the public's health, including through CDC and NIH. These activities include working with state and local health departments and community-based organizations to support public health workforce development, address injury and violence prevention and reduce health disparities. Currently, APHA's Center for Public Health Practice and Professional Development, in collaboration with the CDC's National Center for Injury Prevention and Control, recently completed its fifth cohort of the APHA/CDC Injury and Violence Data Science Demonstration Project. Ten sites across the country received data science technical assistance to boost their response to spikes in violence and overdoses, improve existing prevention programs and identify trends in injury and violence data. In an evaluation of the project, 94% of participants said it helped them improve data science and workforce capacity surrounding injury and violence prevention. This work complemented the center's efforts to address the long-term effects of adverse childhood experiences (ACEs), such as neglect and abuse. With help from CDC, the center led the Champion of Change program, a national effort that gave over 400 health professionals peer-led training to find community solutions and strategies to prevent ACEs, overdose and suicide. These programs are an example of the vital role that federally funded public health programs play in addressing the many public health challenges in communities across the nation and reducing injuries and deaths that are preventable.

APHA has also supported six sites over the past two years in implementing the Cardiff Model within their communities. The Cardiff Model is a violence-prevention approach that brings together health care, law enforcement, public health, and community partners to share and analyze de-identified injury data. By identifying patterns, locations, and contributing factors associated with violence, the model helps communities develop more targeted, coordinated, and evidence-informed prevention strategies. APHA has also supported efforts to provide dedicated technical assistance and capacity-building support to nine tribal coalitions working to prevent sexual violence. Through this initiative, APHA is helping to strengthen organizational capacity, advance culturally responsive prevention strategies, and promote safety, healing, and long-term resilience.

Additionally, many APHA members, partner organizations and state, local, tribal and territorial health departments are recipients of federal grants that support medical and scientific research and public health programs including programs for emergency preparedness, strengthening public health infrastructure, cancer prevention, the prevention of HIV/AIDS, tuberculosis and other infectious diseases, vaccine access, the prevention of chronic diseases including heart disease and diabetes and programs that protect the public from the threats posed by environmental and toxic hazards. Most health department budgets significantly rely on federal funding to support day-to-day activities that improve and protect the health of communities across the nation. The potential for termination or temporary suspension of critical public health grants threatens the stability of these essential public health programs that are working to improve and protect the health of Americans in every state and community. We have already seen the administration claw-back billions of congressionally approved funding for disease detection and response, laboratory capacity, and interventions to address metal health and substance abuse. The administration has also threatened to cancel billions of dollars of funding through the Substance Abuse and Mental Health Services Administration and issued a stop work order for congressionally approved funding for public health infrastructure activities at the same time states and local governments were preparing for a major snowstorm that impacted a wide swath of the country.

By allowing political appointees to exclude grant proposals from consideration and allowing agencies to terminate awards at any time for any reason, the proposal would make it extremely difficult for grantees to undertake long-term planning and recruitment of the best and most qualified workforce to fulfill and support the important work of the public health system currently funded by the federal government.

The proposed rule would also significantly increase the administrative burden of the grants received by organizations like APHA by requiring grantees to submit a written justification with each drawdown/payment request to explain the activities or aspects of the federal award that correspond to that payment request. Currently grantees report periodically to agencies about their work and progress to ensure that expectations are met in relation to the agreed upon scope of the work outlined in the grant agreement.

As a recipient organization, the possibility that federal awards may be terminated at any time creates significant operational instability and makes it difficult to responsibly plan, staff, and carry out grant-funded activities. Such a provision could affect hiring and retention, fulfillment of contracts and subawards, and interrupt completion of required project deliverables.

Restrictions on Issue Advocacy and Public Communications: §200.450

Public communications and information sharing are cornerstones of the public health system. Initiatives and programs to reduce tobacco use, prevent cancer, diabetes and heart disease, and efforts to reduce accidental injuries and fatalities are often based on robust public outreach and education. These campaigns are critical to ensuring the public understands the impacts of what can often be complex and interrelated public health issues and threats.

Organizations like APHA as well as state, local, tribal and territorial health departments often employ public outreach campaigns to inform the public about the latest public health threats and the measures they can take to protect themselves and their families. The proposed rule could threaten national security and preparedness by delaying or eliminating federal funding to educate the public about issues such as the ongoing measles outbreak, food safety, extreme heat, the Ebola outbreak in Congo and the measures the public can take to ensure they keep themselves, their families and their communities safe during the World Cup. These are just a few examples of the efforts that could potentially be threatened under the proposed rule. These restrictions raise serious concerns for public health grantees whose statutory missions require them to engage with policymakers, educate communities, and advocate for the populations they serve and protect. The proposed restrictions also raise serious concerns under the First Amendment and the unconstitutional conditions doctrine. The government may not condition the receipt of federal funds on the relinquishment of constitutional rights, including the right to engage in protected speech and advocacy. Some of the greatest public health achievements in the U.S. have come about as a result of campaigns to educate the public about how they can improve their health and the health of their communities. These include public health efforts that address tobacco prevention and control, heart disease and stroke prevention, increase vaccination rates and improved nutrition, among many others. As drafted, the proposed rule could threaten the ability of health departments and grantees to do this work and to educate policymakers about what they can to reduce preventable deaths and injuries.

Prohibition on the use of federal funds for DEI, DEIA and gender ideology §200.300(b)

The proposed rule would prohibit the use of federal awards to fund, promote, encourage, subsidize, or facilitate Diversity, Equity, and Inclusion or Diversity, Equity, Inclusion, and Accessibility policies and practices and gender ideology as defined in Executive Order 14168. These terms are not sufficiently defined to give grantees meaningful notice of what conduct is prohibited. The term "gender ideology" is particularly problematic in the public health and health care context, as it is undefined beyond its incorporation by reference to Executive Order 14168, and its application to public health, clinical care decisions, patient education, and health services delivery for transgender and gender nonconforming individuals remains unclear. Many DEIA-related practices and policies that the administration characterizes as unlawful have been upheld by courts as permissible under existing law, and grantees lawfully provide services to immigrant communities, asylum seekers, LGBTQ individuals, and other populations that the administration has sought to exclude from federal program eligibility. Any grantee found to be perpetuating these activities is subject to termination or denial during pre-issuance review.

The populations most affected by these provisions are those that have experienced historic and ongoing federal disinvestment, including communities of color, immigrant communities, people with disabilities, LGBTQ individuals and others for whom federally funded public health programs represent the primary or sole source of accessible care and prevention services. For example, the proposed rule would force grant recipients to choose between their mission to improve the entirety of the public's health and the ideological requirements of a political review process. It would also force many organizations to choose between their commitments to health equity, immigrant services, and LGBTQ inclusion, and their ability to access the federal funding for the programs they employ to serve their communities. Congress did not authorize OMB to force this choice, and it is not consistent with the statutory purposes of the federal public health programs that many public health organizations strive to fulfill. These provisions also raise serious constitutional concerns under the Spending Clause of the U.S. Constitution. Congress may attach conditions to federal grants, but those conditions must be unambiguous, must bear some relationship to the federal interest in the program, and must not be so coercive as to leave grantees with no meaningful choice but to comply. OMB may not regulate what Congress itself could not legislate without satisfying these constitutional requirements.

Membership dues: § 200.454(a)

As a professional membership nonprofit organization, APHA membership provides individuals with many benefits to enhance and build upon their professional careers in public health. Membership dues to most professional organizations like APHA are standard and allowable expenses under federal grants. We are deeply concerned that the proposed rule would require preapproval of use of federal grant funds for membership in professional organizations and states they "must be necessary to fulfill the award requirements" which could lead to denials by individuals who are not fully informed about the important professional development opportunities, experience and work-related resources that membership in an organization like APHA provides to public health professionals who receive federal funding.

APHA's membership includes more than 23,000 professionals nationally and internationally across disciplines, with an additional 150,000 reached through more than 500 agency partners. A strong public health workforce depends on connection, training, continuing education, and access to professional networks. This includes public health professionals who may use federal grant funding to join their profession's leading professional association, including APHA. The benefits and services provided to APHA members help to improve the impact of federal grant funding by strengthening the quality of the work done by federal grant recipients and improving the health of the communities being served under many public health-related federal grants.

APHA supports its members by:

- Providing professional networks across disciplines and areas of practice
- Offering continuing education, training, and career development resources
- Creating opportunities for leadership, training, mentorship, peer engagement, and collaborations
- Providing opportunities to share the latest in public health research, policy, and practice

- Connecting members through APHA's topical Sections, Caucuses, state Affiliates, and digital platforms
- Engaging members in shaping policy, research, and public health priorities
- Providing leadership pipelines for students and early-career professionals

Prohibiting individuals from using federal grant funds to cover membership dues to organizations like APHA will not only prohibit individuals from receiving the above-mentioned benefits of APHA membership, it will also have significant impact on APHA's finances, which rely heavily on membership dues. Currently, 41% of APHA members work in environments with direct federal grant exposure, including federal, state, and local health agencies and associations (16%), schools of public health (18%), and research/policy/academic roles (7%), with that share rising above 50% when university and institutional affiliations are included. Much of the programing, continuing education and other benefits provided by APHA are heavily supported by annual dues.

Periodical subscriptions: § 200.454(b)

The proposal would also disallow the use of federal grants to cover the costs of subscriptions to business, professional, academic, and technical periodicals. APHA is the publisher of the American Journal of Public Health, which is the leading public health journal in the U.S.

Since its first publication in 1911, AJPH has been the premier public health scientific journal that publishes high-quality, peer-reviewed research to advance public health knowledge, policy, practice and education. AJPH is a trusted source of public health research, policy analysis, and expert opinion editorials by publishing the latest accurate scientific knowledge with rigor and transparency, championing practices that are ethical and evidence-based, and maintaining its scientific integrity free from undue influences. This approach aims to promote public confidence and trustworthiness in public health and to inform actions and policies to improve population health.

Academics, scientists and public health professionals rely on the journal for the latest in public health science and research. Prohibiting federal funds from covering the costs for periodical subscriptions to journals like AJPH will remove an important and cost-effective tool that public health professionals have relied upon for more than 115 years. Access to this research significantly benefits public health professionals receiving federal funding by providing them with the latest and other related peer-reviewed science, data and other evidence that will help them strengthen and expand the programs and research they are executing under federal grants they have received. This includes research and findings from the federal government workforce and public health researchers at academic institutions and community-based organizations across the nation.

APHA is committed to enhancing AJPH as the premier forum for the most current public health science. Major government agencies and foundations rely on AJPH to bring their research to their target audience. AJPH offers several funded issue options. All content must be approved by the Editor-in-Chief and is peer-reviewed. Prohibiting federal grant funding for important AJPH supplemental issues will introduce a major barrier to a cost-effective and proven method of

sharing important public health research with the public health community, policymakers at all levels of government and international and corporate partners.

In addition, the proposed rules prohibiting federal funds from being used for publication fees disproportionately impact small publishers and society publishers, who service specific scientific communities. APHA reinvests revenue from subscriptions, single purchase accesses, and publication and licensing fees into its publishing practice and into the public health community to provide education, training, and dissemination opportunities for researchers and practitioners. Furthermore, access to AJPH is a top reason for individuals to join APHA. Mandating immediate public accessibility to federally backed research lessens the value of APHA membership and AJPH subscriptions directly, forcing AJPH to publish federal research without compensation, and in fact eliminating fair compensation, for the value added by editor and peer evaluation that vets and validates the science that was funded. The federal government relies on this value-added service to demonstrate return on its investment in scientific projects, and the evaluation service APHA provides requires significant investment in infrastructure services, including databases and maintenance, expertise and time, and personnel management. These expenses are recouped through subscriptions, licensing fees, and membership dues. Removing funding for open access licenses and mandating immediate public access will force AJPH to publish 25% of accepted research for free, damaging the value of subscriptions to the journal and the value of membership to APHA. A potential consequence of such a mandate is that AJPH stops accepting federal research for publication, which will limit publication and presentation opportunities for federal scientists, prevent policymakers and lawmakers from accessing critical resources, and damage scientific competitiveness, growth, and long-term stability underpinning future technologies and advances.

Conference attendance: § 200.432(b)

The proposed rule could also greatly impact the ability of public health professionals who receive federal grant funding from attending APHA's Annual Meeting and Expo. Currently, the costs associated with conference attendance related to the scientific work of a grant are allowable. As proposed, the rule states "the costs for attending conferences are allowable only if participation in the conference is expressly approved by the Federal agency and included in the terms and conditions of the Federal award." This provision could interfere with the ability of public health professionals to freely attend conferences they determine would benefit their work, including the work outlined in their federally funded programs, unless attendance at the conference is explicitly approved in a grant award in advance. It is completely reasonable to foresee instances where grant recipients become involved in collaborations with other professionals working on similar public health programs and research in which their participation in a conference not approved in their initial grant award offers opportunities to benefit and improve strengthen the objectives outlined in a funded project or program. Additionally, APHA's Annual Meeting is the largest source of revenue for the association and is essential to supporting the association's staff, programming, continuing education and many other benefits provided to its members.

Each year, APHA's Annual Meeting and Expo convenes about 11,000 public health professionals and partners from around the world to engage, collaborate and grow. The Annual

Meeting brings together a broad spectrum of professionals across a variety of disciplines. As the largest public health gathering of the year, thousands of public health professionals attend the meeting to learn the latest in public health science, practice, and education. The meeting is an opportunity for public health professionals to learn from their peers, hear from today's public health leaders in the nonprofit sector, decision makers in federal, state, and local government and private sector businesses working in the field of public health. The meeting provides an opportunity for attendees to network with exhibitors, their colleagues from across the nation and the world and to make long-lasting connections to collaborate and improve the nation's health.

APHA's Annual Meeting also provides attendees with the opportunity to engage in continuing education opportunities to build their knowledge and skills. Public health-related continuing education is a learning experience designed to augment the knowledge, skills or competence, performance, attitudes, or the professional development of the workforce. These learning opportunities are aimed at improving the health of the public and the health care delivery system by presenting best practices, evidence-based practice, and practice-based evidence in such contexts as public health education, policy, regulation, law or other relevant environment.

Additionally, APHA's Annual Meeting has generated millions of dollars in economic activity in host cities each year including, Denver, Boston, Atlanta, Minneapolis, New Orleans, and Washington, DC, among others, and is estimated to do so as well this year as public health professionals from around the world gather in San Antonio, Texas for our 2026 annual meeting.

OMB should withdraw the proposal

The proposal accounts for none of these important considerations discussed above, or the ways in which APHA and its members have relied on the current system.

Thank you for your attention to our concerns and comments about the proposed rule. We strongly urge OMB to withdraw the rule.

Sincerely,

Georges C. Benjamin, MD
Chief Executive Officer