FAPP
Federal AIDS Policy Partnership

July 13, 2026

The Honorable Russell Vought
Director
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

RE: Regulation for Federal Financial Assistance (OMB-2026-0034)

Director Vought,

On behalf of the Federal AIDS Policy Partnership (FAPP) and the undersigned organizations, we submit these comments on the proposed rule, *Regulation for Federal Financial Assistance*. FAPP and the signatories below represent a broad cross-section of stakeholders engaged in the nation's HIV response, including national, state, and local organizations; community-based service providers; health care organizations; researchers; advocates; organizations representing people living with HIV; and public health agencies. Together, our organizations support HIV prevention, care, treatment, housing, research, and supportive services, along with related hepatitis, sexually transmitted infection (STI), tuberculosis (TB), and other infectious disease programs.

The Office of Management and Budget (OMB) presents the proposal as a government-wide grants management rule, but its reach goes far beyond routine administration. The rule would shape how federally funded HIV programs operate by expanding agency power to review, condition, suspend, and terminate awards. It would give agencies broader discretion to assess recipient activities and decide whether awards remain aligned with evolving political priorities of the Executive Branch. The rule's mandatory pre-issuance review by political appointees risks converting merit-based peer review into political judgment, undermining scientific integrity and grantee confidence. We support accountability, transparency, and responsible stewardship of federal funds, but these goals require clear standards and stable program operations free from political interference.

This proposed rule would create uncertainty for recipients and subrecipients, increase administrative burden, weaken partnerships that have been central to progress in the nation's HIV response, and make it more difficult for organizations to implement effective HIV programs. At the same time, and counter to the stated goals of the expanded authorities, the discretionary standards proposed would likely worsen rather than improve program performance, accountability, and stewardship of federal resources.

For nearly four decades, federal support for HIV prevention, care, treatment, housing, surveillance, and research has improved health outcomes, strengthened public health infrastructure, and reduced long-term health care costs. More recently, President Trump launched the Ending the HIV Epidemic initiative during his first administration, which built on this foundation and directed additional resources to jurisdictions and communities with the highest HIV burden.

That progress reflects collaboration among people living with HIV, community-based organizations (CBOs), health care providers, researchers, health departments, and federal agencies. Strong partnerships, data-driven decisions, and sustained funding help organizations respond to local needs, improve health outcomes, and use federal resources effectively.

Our concerns span the full grant lifecycle, from program design and applicant review to award administration and termination. The sections below explain how the proposed changes threaten program stability, data use, partnerships, and the delivery of lifesaving federally funded HIV services.

Federal Funding Decisions Should Remain Grounded in Programmatic Merit

The proposed rule would significantly expand agencies' discretion during program planning, applicant review, and award selection. Congress sets the purpose of federal programs through authorizing laws and annual appropriations. Agencies should base funding decisions on those statutory goals, organizational capacity, past performance, and programmatic merit. Broad administrative standards should not narrow lawful activities or redirect funds from the purposes Congress established. Agencies should continue to defer to documented peer-review rankings. Any departure must include a written, public justification and an independent appeals mechanism.

Organizations implementing HIV programs often spend years building expertise, trust, and service networks. Federal programs perform best when agencies attract qualified applicants and use objective review standards tied to program goals. Reviewers should focus on an applicant’s ability to carry out proposed activities, manage federal funds, and produce measurable results.

The proposed pre-issuance review raises added concerns for HIV funding decisions. Programs designed to serve communities with the highest HIV burden may face scrutiny based on the communities they serve or the language used to describe their work. That risk could deter qualified applicants and exclude lawful programs with strong performance records. Political priorities should not displace statutory authority, public health evidence, or objective review criteria.

Undefined concepts such as “Gold Standard Science” create further uncertainty. The rule does not define the term, and agencies could apply it in ways that exclude valid disciplines, including qualitative and community-based research. Any scientific review standard should use objective criteria suited to the field and developed with input from scientific and program experts.

A preference for applicants with lower indirect costs may also distort funding decisions. Indirect costs support fiscal management, compliance, technology, facilities, and other functions required to manage federal awards. Agencies should not treat low indirect costs as a substitute for organizational capacity or program quality.

These protections should extend to artificial intelligence and automated screening tools. Agencies should not allow these tools to make or shape funding decisions without meaningful human review. Automated systems can misread context, produce inaccurate or biased results, and make it harder for applicants to understand or challenge decisions. Agencies should limit their role, disclose when they are used, document the criteria applied, and provide a clear process for applicants to correct errors.

Expanded Post-Award Authority Could Disrupt Program Operations

The proposed rule gives agencies broader authority to impose award conditions, monitor recipient activities, make compliance decisions, suspend funding, and terminate awards. Several provisions rely on broad concepts tied to changing federal priorities. HIV programs require long-term planning, and recipients make staffing, contracting, and service decisions based on approved awards. Unclear or shifting standards can delay implementation and discourage work that improves health outcomes. Many recipients rely on multiple awards and funding sources to support one system of HIV prevention, care, housing, medication access, and supportive services. That system often shares staff, laboratories, surveillance, clinical networks, and community partnerships with hepatitis, STI, TB, and other infectious disease programs. A restriction or termination affecting one award can create gaps across the larger public health system.

Federal health agencies rely on scientific knowledge, program expertise, public health data, and award performance to administer HIV programs. Greater centralization within OMB will limit an agency’s ability to respond to changing conditions and carry out its statutory responsibilities. Funding and enforcement decisions should remain tied to statutory authority, approved activities, measurable performance, and award requirements. The proposed rule would allow agencies to judge whether an award still advances agency priorities or the “national interest” at the time of termination. A recipient could secure an award in good faith and later lose it solely in response to shifting federal priorities. Mid-award termination could disrupt HIV care, multi-year studies, clinical trials, participant follow-up, and ethical obligations to people enrolled in research.

The proposed procedures offer recipients few protections against abrupt funding decisions. A stop-work order lasting up to 90 days can interrupt services, contracts, payroll, research activities, and participant follow-up before an agency decides whether to end an award. Recipients may have no formal opportunity to object or appeal a discretionary termination. OMB should limit termination to documented grounds, provide advance notice and an opportunity to address identified problems, protect orderly transitions, and establish a fair review process before a suspension or termination takes effect.

Data Must Continue to Guide HIV Program Decisions

Several provisions of the proposed rule raise concerns about how recipients may use data in program planning and implementation. The federal government has invested in surveillance, evaluation, quality improvement, laboratories, and performance measurement. Recipients use these tools to track disease trends, identify service gaps, monitor outbreaks, measure results, and direct resources based on need. Hepatitis, STI, TB, and other infectious disease programs rely on much of the same public health infrastructure.

Restrictions on demographic, geographic, socioeconomic, or epidemiologic data would weaken program planning and reduce the value of these investments. HIV continues to affect some communities more heavily than others, and federal programs direct recipients to reach people with the greatest unmet need. Limits on data use can lead to missed testing opportunities and delayed diagnoses, which can cause serious medical complications, including death, and increase new HIV transmissions and future health care costs. Recipients need access to reliable data to identify unmet needs and direct resources based on disease burden. Federal agencies should retain the authority to fund lawful research, testing, linkage to care, treatment support, peer services, and outreach grounded in evidence and tied to statutory goals.

HIV programs rely on the exchange of evaluation findings, implementation lessons, best practices, and research outcomes. Conferences, professional memberships, and publications give recipients and researchers access to federal guidance, training, peer learning, and new findings. Restrictions on these activities and the censorship of data and research compromises effective programming, placing lives at risk. It also slows information sharing, impedes the dissemination of research, and creates added barriers for early-career investigators. OMB should allow reasonable, well-documented conference, membership, publication, and open-access costs tied to approved activities and program outcomes.

Administrative Restrictions Should Not Override Program-Specific Statutes

The proposed rule would restrict the use of federal funds for activities it characterizes as diversity, equity, and inclusion or “gender ideology.” These broad categories interfere with lawful activities that federal HIV programs require or support. The Ryan White HIV/AIDS

Program directs recipients and planning bodies to assess epidemiologic data, identify unmet needs, set priorities, and allocate resources based on the needs of people living with HIV. Meeting that statutory directive depends on culturally responsive care, outreach to communities carrying the highest HIV burden, and use of demographic and epidemiologic data to allocate services. Many of these standard, evidence-based practices could be read to fall within the rule's prohibited categories.

OMB's authority to establish government-wide grant requirements does not displace duties Congress imposed through program-specific statutes. Recipients should not have to choose between complying with the Uniform Guidance and carrying out the requirements of the Ryan White HIV/AIDS Program. OMB should state that the proposed restrictions do not narrow lawful activities required or authorized by federal HIV statutes. Award conditions should remain tied to statutory purpose, approved activities, and program performance, not adherence to a particular political viewpoint.

HIV Programs Depend on Strong Partnerships

Collaboration among people living with and impacted by HIV, CBOs, health care providers, researchers, housing providers, and public health agencies has improved care, prevention, and service coordination. Each partner brings distinct knowledge, relationships, and resources. Together, they help programs reflect local conditions, respond to changing needs, and connect people to services that no single organization can provide.

The proposed standards related to recipient activities, affiliations, community engagement, and reputational harm would be subject to the Executive Branch's political priorities and could deter lawful partnerships. An undefined "reputational harm" standard could pressure recipients to monitor the speech, affiliations, or activities of subrecipients beyond the work funded by an award. Recipients may avoid trusted partners or end effective subawards based on perceived political risk rather than program performance. Agencies should evaluate partnerships and subawards based on approved activities, award requirements, and measurable results.

The rule's proposed limits on public communications, outreach, and "issue advocacy" compound these concerns. A broad interpretation could discourage recipients and providers from discussing factors that affect HIV prevention and engagement in care, including sexual orientation, gender identity, housing instability, and stigma. Clear and candid communication helps patients understand their options, build trust with providers, and remain engaged in treatment. Longstanding practice holds that the government may not condition participation in a federal program on adopting its preferred views, and courts have recognized that communication between a clinician and patient warrants constitutional protection. OMB should confirm that patient education, community outreach, and public health

communications tied to approved program goals remain allowable and will not face restrictions based on viewpoint.

Cooperative Agreements Require Agency Expertise and Recipient Flexibility
Many HIV prevention, surveillance, capacity-building, technical assistance, and demonstration programs operate through cooperative agreements. The U.S. Department of Health and Human Services also uses cooperative agreements across many hepatitis, STI, TB, and other infectious disease programs. These awards work best when recipients collaborate with federal partners and retain enough flexibility to respond to local conditions. Federal staff provide technical guidance, and recipients bring program experience and knowledge of local needs.

The proposed rule expands federal control over program implementation through added conditions, monitoring requirements, and discretionary oversight. This shift could weaken the balance that supports technical assistance, applied research, and effective program delivery. Recipients need room to adapt approved work to new data, service gaps, outbreaks, and emerging public health threats. Cooperative agreements should remain collaborative and focused on program results.

Additional Administrative Requirements Should Produce Clear Program Benefits
The proposed rule would require recipients and subrecipients to explain their need for federal funds each time they submit a payment request. Recipients already maintain budgets, invoices, payroll records, contracts, and other records supporting these requests. Requiring another explanation may duplicate existing fiscal controls without improving program performance or preventing improper payments.

The compliance burden extends beyond payment requests. Recipients may need to review patient education materials, outreach campaigns, staff training, policy manuals, grant applications, and subrecipient agreements to address new and undefined restrictions. Many organizations will need legal review to interpret unclear duties. Smaller institutions, community organizations, and early-career researchers often have limited staff and funding for this work. These costs can delay access to funds, increase overhead, and divert resources from patient care, research, and services. OMB should adopt new requirements only when they produce measurable gains in fiscal management, accountability, or program performance.

Conclusion
Federal support for HIV prevention, care, treatment, housing, surveillance, and research has improved health outcomes, strengthened public health systems, and reduced future health care expenditures. The same infrastructure supports hepatitis, STI, TB, and other infectious disease programs through shared laboratories, surveillance systems, clinical networks, and community partnerships. HIV testing programs support earlier diagnosis, and treatment and

support services help people remain engaged in care, maintain viral suppression, and achieve a higher quality of life. Weakening these programs risks increasing HIV transmission, delaying diagnosis and treatment across related infectious diseases, causing avoidable illness, hospital use, and death, and raising costs across federal health care programs.

The proposed rule would expand agency discretion over funding decisions, award administration, recipient oversight, and enforcement actions. Placing current policy priorities in the Code of Federal Regulations would extend their effects beyond this administration and require a future rulemaking to reverse them. OMB should assess whether these changes will improve program performance and stewardship of federal resources or create new barriers to effective program implementation.

We urge OMB to withdraw the proposed rule and preserve the Uniform Guidance. Before taking any further action, OMB should provide the data, analysis, and assumptions supporting these proposed changes. OMB should provide estimates on how restrictions on data-driven planning, targeted services, research dissemination, subrecipient partnerships, and mid-award termination would affect HIV diagnoses/transmissions, linkage to care, viral suppression, service access, provider participation, and federal health care expenditures. Federal funding rules should support the purposes set by Congress and allow recipients to deliver measurable results for communities and taxpayers.

If you have any questions regarding this letter, please contact the FAPP Co-Chairs: Kathie Hiers (kathie@aidsalabama.org), Jeremiah Johnson (jeremiah@PrEP4All.org), Rachel Klein (rklein@taimail.org), or Mike Weir (mweir@NASTAD.org).

Undersigned Organizations

Advocates for Youth
AIDS Action Baltimore
AIDS Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Foundation Chicago
AIDS United
allgo
APLA Health
Asian Human Services DBA Trellus
Association of Nurses in AIDS Care
AVAC
Bienestar Human Services
California LGBTQ Health and Human Services Network
California STD/HIV Controllers Association-Executive Committee
Center for Health Law and Policy Innovation
Center for Housing and Health
Chicago House and Social Services Agency
Chicago Women's AIDS Project
Christian Community Health Center
Christie's Place
Colorado Organizations and Individuals Responding to HIV/AIDS (CORA)
CrescentCare
DAP Health
Equality California
Equitas Health
Five Horizons Health Services

Frontline Legal Services
Health GAP
Health Services Center, Inc.
HealthHIV
HealthRIGHT 360
HIV Advocacy Network San Francisco AIDS Foundation
HIV Medicine Association
HIV+Aging Research Project-Palm Springs
HIV+Hepatitis Policy Institute
Housing Works
Howard Brown Health
Illinois Commission on LGBTQ+ Aging and Long-Term HIV Survival
Jim Pickett Consulting
Legal Council for Health Justice
Matthew 25 AIDS Services, Inc.
Mother and Child Alliance
NASTAD
National Coalition of STD Directors (NCSD)
National HIV/AIDS Housing Coalition
National Working Positive Coalition
NHAAN
NMAC
Philly Neighborhood Networks
Positive Women's Network-USA
PrEP4All
Prism Health North Texas
Proactive Community Services
Program for Wellness Restoration
Projects Advancing Sexual Diversity
SAGE
SIECUS: Sex Ed for Social Change
Silver State Equality
Sunburst Projects
TaskForce Prevention and Community Services
The 6:52 Project Foundation, Inc.
The AIDS Institute
The Center for HIV Law & Policy (CHLP)
The Healing Room NOLA
The Project of the Quad Cities
The Reunion Project
The Source LGBT Center
Thrive Alabama
Treatment Action Group
U.S. People Living with HIV Caucus
Unity Arc Advocacy Group
University of Chicago Center for HIV Elimination
Vivent Health
Whitman-Walker Health