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July 13, 2026

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

Re: Comments on the Proposed Rule, Regulation for Federal Financial Assistance, Docket No. OMB-2026-0034

Submitted via regulations.gov

Dear Director Vought:

March of Dimes, the nation's leading nonprofit organization fighting for the health of all moms and babies, appreciate the opportunity to comment on the proposed rule, *Regulation for Federal Financial Assistance (Docket No. OMB 2026-0034)*, which would make far-reaching changes to the government framework for financial assistance across all federal agencies and would have broad implications for how our nation supports research initiatives throughout the healthcare ecosystem. The changes being proposed present serious implications for a nation confronted with a maternal and infant health crisis.

The grave statistics below underscore the importance of essential grant programs that support our maternal and infant healthcare infrastructure that would be affected by the proposed rule. The proposed rule could significantly affect maternal health research, clinical care, public health, data collection, and workforce development.

The U.S. is among the most dangerous developed nations for childbirth, especially for those who are Black, American Indian/Alaska Native, live in maternity care deserts, or are insured by Medicaid. Maternal and infant health is not improving, and in many communities — particularly maternity care deserts, low-income, and rural communities — it is getting worse. Our "Nowhere to Go: Maternity Care Deserts Across the U.S." (2024 report) showed that more than 2.3 million women of reproductive age live in a maternity care desert.[1] Rural communities are much more likely to have inadequate access to maternity care compared to urban communities, with approximately two-thirds lacking a birthing facility or obstetrician.

While the 2023 maternal mortality rate returned to pre-pandemic levels, the 669 maternal deaths are only part of the story with an estimated 40,000 women having experienced life-threatening complications during childbirth in 2022. The national rate of preterm birth remains unchanged at 10.4%, representing over 380,000 babies and their families. Access to early prenatal care continues to decline, with nearly one in four women beginning care after the first trimester, missing critical opportunities to detect and address risks early in pregnancy. Infant mortality, a critical indicator of a nation's health, remains unchanged at 5.6 deaths per 1,000 live births, amounting to over 20,000

[1] Stoneburner A, Lucas R, Fontenot J, Brigance C, Jones E, DeMaria AL. Nowhere to Go: Maternity Care Deserts Across the US. (Report No 4). March of Dimes. 2024. https://www.marchofdimes.org/maternity-care-deserts-report

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infant deaths each year.[2] Furthermore, approximately 20,000 additional infants are stillborn each year.[3] Despite these challenges, progress is possible if the federal government continues to support efforts to meet them through effective grant programs that direct resources where they are needed most.

March of Dimes supports the stated goals of the proposed rule to improve accountability, transparency, and responsible stewardship of federal funds and reduce administrative burdens on federal agencies and recipients. However, we strongly believe the proposed rule contradicts these stated goals. We feel that it would in fact decrease transparency, introduces more uncertainty into merit review and award processes, increases administrative burden, and creates significant unintended consequences that would jeopardize federally-supported science, maternal and infant grant programs, and evidence-based policymaking. Overall, the proposed rule raises substantial concerns regarding research independence, grant administration, scientific dissemination, and the long-term effectiveness of federal research investments in maternal and infant health. **For all these reasons and the concerns stated below, we call on the OMB to withdraw the rule entirely.**

Grants essential to improving our nation's maternal and infant health would be impacted

Grant programs across federal agencies support the well-being and ability of mothers, children, families, and entire communities to thrive. Grant-funded programs spanning multiple agencies would be disaffected including, but not limited to, the Department of Agriculture, Environmental Protection Agency, Department of Housing and Urban Development, and National Science Foundation. These agencies administer an infrastructure of grant-funded programs that deliver nutritional and breastfeeding support during pregnancy and infancy, grant-funded research to better understand how environment exposures contribute to preterm birth and other pregnancy complications, affordable housing and supportive services, and research on innovative maternal health medicine and clinical care. The Department of Health and Human Services alone provides a wide range of grants that invest in mothers, infants, and families.

National Institutes of Health (NIH): Federally-funded studies generate much of the evidence that guides obstetric and postpartum practice. In fact, the federal government is the primary funder of pregnancy research in the U.S., with the NIH serving as the leading funding agency. Through long-standing research networks, such as the Maternal-Fetal Medicine Unit (MFMU) Network; investigator-initiated studies; and exciting cross-institutes efforts, providing clinicians a better understanding of how to manage healthy pregnancies and how to best address pregnancy complications. The IMPROVE Initiative was launched in response to high rates of pregnancy-related complications and deaths in the U.S. with an emphasis on populations that are disproportionately affected. This led to the creation of twelve grant-funded research centers and an implementation science hub, to improve maternal health outcomes and patient safety, standardize data collection, and utilize innovative technologies in maternal healthcare. NIH's Environmental

[2] March of Dimes. (2022, November 8). The 2025 March of Dimes Report Card: The State of Maternal and Infant Health for American Families. https://www.marchofdimes.org/sites/default/files/2025-11/MarchofDimesReportCard-UnitedStates-2025.pdf
[3] Centers for Disease Control and Prevention. (2024, May 14). Data and Statistics on Stillbirth. https://www.cdc.gov/stillbirth/data-research/index.html

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influences on Child Health Outcomes program provides a crucial pathway for research studies that is essential to tracking how early-life exposures impact long-term pediatric development.

Centers for Disease Control and Prevention (CDC): CDC grants fund state and local level surveillance systems, including the National Vital Statistics System, state Maternal Mortality Review Committees (MMRCs), the Pregnancy Risk Assessment Monitoring System (PRAMS), the Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET), and many more. These programs allow public health professionals, clinicians, and policymakers to track and understand threats to maternal and infant health; implement initiatives to improve outcomes; and, through the same data sets, monitor the success of those initiatives. March of Dimes relies on this data to identify at-risk populations and work with clinicians and other healthcare providers to develop evidence-based, localized interventions.

Health Resources and Services Administration (HRSA): HRSA's Title V Maternal and Child Health Block Grant and workforce programs support obstetric care delivery and provider training in underserved communities, including rural regions and those classified as low access or maternity care deserts. These grants help ensure that expertise in high-risk pregnancy reaches the patients who need it most, regardless of geography. Additionally, HRSA's Healthy Start and Home Visting programs serve communities in which babies die more often than the national average and create state-wide networks that support and carry out evidence-based home visiting models. HRSA also funds Maternal Health Research Collaborative for Minority Serving Institutions to better understand maternal health disparities and how to address them, build the skills to conduct this research, and find community-based solutions.

The proposed rule would threaten the sustainability and effectiveness of these and other essential programs. Our additional concerns are outlined below, organized by the specific sections of the proposed rule.

[200.205] Federal agency review of merit proposals

We are concerned that the addition of a new pre-issuance review by senior political appointees for all discretionary awards will lengthen the time between peer review and awards being issued. We have already seen additional layers of review impact the pace of grant making at multiple agencies. For example, through May 2025 and 2026, the National Institutes of Health (NIH) number of grants and total value of awards for FY 2025 and 2026 lagged significantly compared to prior fiscal years.[4] Subjecting maternal health research grants to political clearance will undermine scientific inquiry and jeopardize our standing as a global leader in maternal health research. Such a clearance requirement would discourage researchers from pursuing scientifically important yet potentially sensitive topics, slow the pace of discovery, and leave pregnant women and infants with fewer and less advanced treatment options.

[200.206] Federal agency review of risk posed by applicants

[4] https://reporter.nih.gov/

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We support appropriate stewardship of federal resources and recognize the importance of risk-based oversight. However, expanding the definition of "risk" factors for grantees to include reputational and political considerations lacks a basis in sound grants management principles. We are concerned that maternal health researchers studying topics deemed politically sensitive or clinicians partnering with certain disfavored organizations could be deemed "risky" applicants under these more subjective criteria. Again, expanding pre-award risk assessments and authorizing agencies to add or modify award conditions through the grant period will slow down awards and add uncertainty after awards are made. The research community already operates under extensive scientific, financial, and regulatory oversight.

[200.340, 200.341, 200.342] Termination and suspension; notification; appeals

We are troubled the proposed rule would allow agencies to terminate awards at any time when they no longer align with "agency priorities or the national interest," a standard with no defined limits; authorize 90-day stop-work suspensions pending termination; require only brief written notice for discretionary terminations; and eliminate recipients' appeal or hearing rights for discretionary terminations. Grantees of public health funding, including researchers, state and local health departments, and medical providers have all experienced considerable disruptions because of this policy being applied since the beginning of 2025.[5] Under existing practice, federal agencies have the authority to terminate grants if a recipient fails to meet the terms and conditions, and they are expected to provide justification and maintain written procedures for processing objections, hearings, and appeals. The proposed changes would codify a pathway to allow for sudden unexpected cancelations, creating great uncertainty, administrative burden, disruption, and lack of transparency.

Federal discretionary grants, such as multi-year NIH grants, CDC cooperative agreements, and other maternal health program grants across HHS, are the backbone of clinical research and the overall public health infrastructure. Abrupt termination of awards without meaningful due process would cause irreparable harm. For research awards, this would halt the ongoing patient studies, jeopardize research staff employment, and the scientific record of a program. For public health grants (e.g., grants to state maternal mortality review committees or perinatal quality collaboratives), abrupt defunding would set back state and national efforts to identify preventable maternal deaths and implement effective interventions, with effects that would continue beyond the funding lapse itself.

[200.202 and 200.204] Multi-year awards

Among other provisions of this section, revisions to section 200.204 include encouragement of multi-year funding awards. NIH began using this practice in 2025 resulting in fewer successful awards.[6] OMB claims a stated goal of this proposed rule is to prevent concentration of awards within a small cohort of grantees. However, the impact of multi-year funding has been fewer awards going to fewer awardees. This has adversely impacted first time investigators, harming the pipeline of future investigators. In medical research, there is no one-size-fits-all approach to award duration.

[5] https://www.ajmc.com/view/nih-grants-terminated-amid-trump-administration-raising-concerns-for-us-researchminority-health-disparities
[6] https://reporter.nih.gov/

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We encourage OMB to preserve agency flexibility to determine when multi-year awards are appropriate rather than creating an expectation that they become the default approach across federal research programs.

[200.202(c); 200.450] Restricting use of federal award funds for voter registration, issue advocacy, and public messaging

We are concerned that the proposed rule extends existing restrictions on the use of funds related to "issue advocacy or public messaging that promotes or opposes a particular social, political, or public policy position" or "attempts to influence State executive branch agencies." These activities are not defined in law or regulation and will leave grant recipients unclear on whether important scientific communication would be prohibited. For instance, a federally-funded researcher might be reluctant to brief policymakers on the results of a study examining the effectiveness of a prematurity prevention program for fear that would be considered "issue advocacy" or "public messaging." A member of a federally-supported perinatal quality collaborative might be told to forgo presenting program evaluation results to a state health official because it might run afoul of these new requirements.

[200.454] Memberships, subscriptions, and professional activity costs

Making professional society memberships subject to pre-approval and journal subscriptions categorically unallowable is disconnected from how biomedical research functions and how findings are disseminated. Staying current with clinical guidance and peer-reviewed literature is a core activity of any federally-funded researcher, clinician, or public health professional. Journal subscriptions directly inform the research questions that federally-funded researchers investigate. Clinicians and other medical professionals rely on medical societies to translate new research findings into clinical practice. Professional conferences enable physician-scientists to collaborate, connect, and disseminate the latest research to the broader clinical community. Limiting the use of federal funds for these activities would immediately limit dissemination of promising biomedical research, clinical interventions, and public health programs.

[200.461] Publication and printing costs

For more than a decade, there has been a push to improve public access to the results of federally-funded research.[7] This push has resulted in agencies across the federal government implementing policies requiring that grantees to make research results freely accessible to the public immediately when published.[8] By making open-access publication fees categorically unallowable, except in narrow circumstances, the proposed rule would directly undermine public access policies across federal agencies and limit the dissemination of federally-funded maternal and child health research.

[7] Federal Research: Additional Actions Needed to Improve Public Access to Research Results. Government Accountability Office. November 21, 2019. Available at https://www.gao.gov/products/gao-20-81.
[8] Federal Research: Agencies Should Better Manage Anticipated Publishing Cost Increases Amid Shift to Public Access. Government Accountability Office. May 21, 2026. Available at https://www.gao.gov/products/gao-26-107738.

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[200.218 / 300.300 / Subtitle B HHS] Removal of HHS nondiscrimination framework

Proposed section 200.218 would restrict recipients' ability to design and target programs based on protected characteristics. Restricting this would undermine efforts to efficiently direct maternal health resources toward populations experiencing the highest rates of preventable maternal death. Relatedly, the proposed removal of section 300.300 raises significant concern. Maternal mortality and morbidity disproportionately affect underserved and historically disenfranchised populations in the U.S. The elimination of HHS's specific nondiscrimination requirements from federal awards could weaken the protection that ensure maternal health programs reach the populations most in need. Together, these provisions would dismantle the regulatory infrastructure that allows maternal health programs to identify and serve populations most at risk.

Proposed effective date

The preamble proposes to finalize this proposed rule with an effective date of October 1, 2026, which would allow OMB less than four months to review the submitted comments, consider potential revisions, and draft and publish a final regulation. Given the overwhelming volume of comments to date and scope of the proposal, we are concerned this condensed timeline would inhibit OMB's ability to adequately consider the feedback it receives. We are similarly concerned, if OMB does follow this timeline, agencies and stakeholders would have little time to implement necessary changes before the rule is effective. If OMB moves forward with implementation so quickly, it runs a substantial risk of further disrupting and destabilizing federally-funded state and local public health providers and researchers that have already experienced a highly volatile period over past last year.

Conclusion

March of Dimes appreciates the opportunity for comment. We have outlined our concerns with the proposed rule and how it would be detrimental to grant-funded programs across the federal government essential to addressing the maternal and infant crisis. We strongly believe taken in its entirety this proposed rule would not achieve its stated goals, and instead, would pose serious harm to federal funding mechanisms for agencies and grantees alike, put at risk future research advancements, impede the work of local health departments and service providers, undermine the intent of Congress, and ultimately lead to worse outcomes for moms and babies. We again urge you to withdraw the rule entirely. For more information, please contact KJ Hertz at March of Dimes (khertz@marchofdimes.org).

Sincerely,

Stacey Y. Brayboy
Sr. Vice President, Public Policy & Government Affairs