

Association of Schools and Programs of Public Health (ASPPH)

Comments on OMB Proposed Rule Revising Federal Grant Administration and Uniform Guidance (Docket No. OMB-2026-0034)
June 29, 2026

Introduction

The Association of Schools and Programs of Public Health (ASPPH) appreciates the opportunity to comment on the Office of Management and Budget's proposed rule, Regulation for Federal Financial Assistance, Docket No. OMB-2026-0034, 91 Fed. Reg. 32198–32305 (May 29, 2026) (FR Doc. 2026-10817), which would substantially revise federal grant administration requirements and convert significant portions of the Uniform Guidance into binding regulations for the first time.

Inadequate Comment Period

The proposed rule contains hundreds of revisions affecting virtually every aspect of federal grant administration (2 CFR Part 200). The scope of these changes extends far beyond the research community and affects state and local governments, nonprofit organizations, educational institutions, healthcare organizations, and other federal funding recipients.

Given the breadth and complexity of the proposal, the 45-day comment period does not provide stakeholders sufficient opportunity to assess operational, financial, legal, and programmatic implications. ASPPH urges OMB to extend the comment period by at least an additional 45 days to allow for meaningful stakeholder engagement and informed analysis.

Public Health Infrastructure and National Preparedness

This proposal will have implications that extend beyond simply the administration of federal grants and contracts. Schools and programs of public health are integral to the nation's public health preparedness infrastructure, supported in large part by federal grants and contracts. These investments support critical research, workforce development, training programs, practice-based partnerships, and community engagement, each of which plays a vital role in preventing disease, responding to emergencies, and improving population health.

Public health challenges, including infectious disease outbreaks, environmental threats, chronic disease burdens, maternal and child health concerns, and emerging global health risks, require sustained investment and institutional capacity. Policies that increase administrative burdens, delay research activity, reduce flexibility, and discourage collaboration ultimately diminish the nation's preparedness and resilience.

For this reason, the proposed rule should be reconsidered not only through the lens of grants and contracts management but also through its implications for public health preparedness, national resilience, and the government's ability to respond effectively to future health emergencies.

Increased Administrative Burden and Institutional Costs [Proposed 2 CFR §§ 200.113, 200.205, 200.300, 200.329, and 200.332]

OMB states that the proposal seeks to improve efficiency and reduce burden. While we share the goal of efficiency and reduced burden, many provisions appear likely to have the opposite effect.

The proposed elimination or restriction of mechanisms that currently streamline grant administration would require institutions to devote additional time, personnel, and financial resources to compliance activities. Public health schools and programs already face significant administrative demands associated with federal grants and contracts. Additional documentation, monitoring, reporting, approval, and oversight requirements would divert resources away from research, education, workforce development, and community engagement.

In addition, several proposed changes to allowable costs could shift a greater share of research infrastructure expenses onto institutions. Public health schools and programs rely on federal support not only to conduct individual projects but also to maintain the systems, labs, personnel, cybersecurity protections, compliance functions, data management capabilities, and collaborative infrastructure necessary to conduct federally funded research responsibly and securely.

Impact on the Public Health Workforce Pipeline [Proposed 2 CFR §§ 200.300 and 200.340]

Federal grants and contracts support more than individual research projects. They sustain graduate training, doctoral education, experiential learning opportunities, fellowships, career development programs, and practice-based partnerships that prepare the next generation of public health professionals.

At a time when public health agencies across the nation continue to report workforce shortages and recruitment challenges, federal policies that increase institutional costs and administrative burden threaten the pipeline of trained professionals needed to address those shortages.

The nation's ability to respond to future health threats depends on maintaining a robust public health workforce. Policies that reduce institutional capacity or divert resources away from training and education ultimately weaken that workforce and undermine federal investments in public health.

Threats to Scientific Collaboration and Public Health Innovation [Proposed 2 CFR §§ 200.202 and 200.220]

ASPPH is particularly concerned about provisions that would impose new restrictions on international collaboration and additional approval requirements for research partnerships.

Public health challenges are inherently global. Emerging infectious diseases, antimicrobial resistance, environmental health threats, pandemic preparedness, and population health initiatives all require collaboration

across institutions, disciplines, and national borders. While national security considerations must be addressed appropriately, broad restrictions on international engagement risk impeding scientific progress and reducing the ability of U.S. researchers to lead global health initiatives.

The proposal could also create uncertainty regarding the dissemination of research findings and participation in scientific and professional organizations. These activities are essential components of the research enterprise and play a critical role in translating federally funded research into evidence-based policy, practice, and improved health outcomes.

Impact on Professional Meetings and Scientific Exchange [Proposed 2 CFR § 200.432]

Professional meetings are an essential component of the nation's research and public health infrastructure. ASPPH's Annual Meeting brings together leaders from academic public health, federal agencies, health departments, industry, and community organizations to disseminate federally funded research, share best practices, strengthen the public health workforce, and foster collaborations that improve population health.

The proposed requirement for additional agency approval of conference attendance could reduce participation in this important scientific meeting. Fewer attendees would limit opportunities to translate research into practice, build collaborations, and strengthen the public health workforce. It could also have significant financial implications for organizations such as ASPPH that rely on annual meetings to support educational programming, professional development, and year-round activities that advance evidence-based public health.

Impact on Community Partnerships and Translation of Research [Proposed 2 CFR §§ 200.332 and 200.333]

Public health research depends upon trusted partnerships with local health departments, community-based organizations, healthcare systems, schools, tribal organizations, and other public-sector partners.

Increased compliance requirements and uncertainty surrounding federal awards may disproportionately affect these partnerships, particularly in communities where administrative capacity is limited. As a result, the proposal could unintentionally reduce community engagement, especially in rural communities, impede implementation science efforts, and slow the translation of research findings into practice.

Federal investments achieve their greatest value when research findings can be effectively implemented in communities. Policies that complicate these partnerships risk weakening the connection between scientific discovery and real-world public health impact.

Increased Institutional Risk and Reduced Stability [Proposed 2 CFR §§ 200.340 and 200.332]

Several provisions would increase uncertainty for grant recipients by expanding termination authorities and creating new compliance obligations without corresponding procedural safeguards.

Successful research and workforce development programs require long-term planning, recruitment of faculty and staff, investment in infrastructure, and sustained partnerships with communities and government agencies. Greater uncertainty regarding award continuation and grant administration could discourage institutional investment and undermine the stability necessary for successful program implementation.

The proposed changes could make it more difficult for institutions to engage in long-range planning, retain highly qualified personnel, and maintain the infrastructure necessary to support federally funded activities.

U.S. Leadership in Public Health Research and Innovation [Proposed 2 CFR §§ 200.205]

For decades, the federal grants and contracts system has enabled the United States to lead the world in scientific discovery, biomedical innovation, and public health research and impact.

The success of this system has rested upon a careful balance between accountability and flexibility. Federal grants and contracts were designed to support discovery, innovation, and collaboration, while federal contracts were designed to procure specific deliverables. Scientific discovery is creative, iterative, and often requires sustained investment over many years before breakthroughs occur. Policies that make grants and contracts function more like procurement contracts, and that increase uncertainty regarding long-term research support, risk undermining the creative and collaborative environment that has enabled the United States to become the world's leader in scientific discovery and public health innovation.

ASPPH is also concerned that several provisions of the proposed rule could shift greater authority over funding decisions away from established scientific peer review processes and toward political appointees and agency leadership. For decades, the United States has built the world's premier research enterprise on a foundation of rigorous, merit-based review that evaluates proposals according to scientific excellence, innovation, feasibility, and public benefit. This process has earned global respect and has been central to the nation's leadership in public health, biomedical, and scientific research. While peer review systems should continue to evolve and improve over time, any reforms should strengthen, not bypass, the independent, expert evaluation that is fundamental to the scientific process. Replacing or diminishing independent expert review risks undermining public trust, reducing the quality and impact of federally funded research, and discouraging the scientific talent and innovation that have made the United States the global leader in research and discovery.

ASPPH is concerned that the proposed changes could reduce the competitiveness of U.S. research institutions, discourage innovation, and diminish the nation's leadership in addressing complex public health challenges. We strongly urge the OMB to remove this provision of the rule.

Need for Additional Analysis and Evidence-Based Policymaking

The proposed rule contains limited analysis regarding implementation costs and administrative impacts on grant and contract recipients.

Given the breadth of the proposed revisions, stakeholders require a clearer understanding of anticipated costs, compliance requirements, operational impacts, and unintended consequences. Meaningful evaluation of the proposal is difficult without a comprehensive assessment of the burdens that institutions, agencies, and other recipients will be expected to absorb.

ASPPH therefore urges OMB to provide additional financial analysis, engage stakeholders more fully, and carefully evaluate the cumulative effects and costs of these proposed changes before proceeding with final implementation.

Conclusion

ASPPH supports accountability, transparency, and responsible stewardship of federal funds. However, the proposed rule would substantially alter the federal grants and contracts framework in ways that are likely to increase administrative burden, constrain scientific collaboration, create institutional uncertainty, weaken community partnerships, and reduce the effectiveness of federal investments in public health research and workforce development.

Federal grants and contracts are a critical component of the nation's public health infrastructure. Like public health itself, their value is often most visible when they are disrupted. Changes that increase uncertainty, reduce flexibility, and weaken institutional capacity may not be immediately apparent, but their consequences will be felt in diminished research productivity, workforce shortages, reduced preparedness, slower responses to future health threats, and weakened public health outcomes.

ASPPH urges OMB to extend the comment period and carefully reconsider provisions that would undermine the ability of academic public health institutions and other grant recipients to advance research, innovation, education, and service on behalf of the American people.

ASPPH further urges OMB to preserve the longstanding principle that funding decisions should be informed by rigorous, independent peer review and scientific expertise rather than political considerations. Maintaining the integrity of the peer review system is essential to ensuring that federal investments support the highest-quality research and deliver the greatest benefit to the American people.

In its current form, the proposed rule would significantly harm the public health research enterprise, and we therefore urge OMB to abandon the proposal altogether.

ASPPH stands ready to work with OMB, federal agencies, Congress, and other stakeholders to identify approaches that strengthen accountability while preserving the flexibility, partnership, and scientific excellence that have long characterized the federal grant system and contributed to the nation's health, security, and prosperity.

Please direct any questions to Tim Leshan, Chief External Relations and Advocacy Officer, tleshan@aspph.org.

Sincerely,



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