guttmacher

July 13, 2026

U.S. Office of Management and Budget
Attn: Office of Federal Financial Management
725 17th Street NW
Washington, DC 20503

Submitted electronically via www.regulations.gov

Re: OMB-2026-0034
Regulation for Federal Financial Assistance

The Guttmacher Institute is providing comments to in opposition to the Office of Management and Budget (OMB) proposed rule published in the Federal Register on May 29, 2026. The "Regulation for Federal Financial Assistance" (File Code: OMB-2026-0034-0001), proposes dozens of significant rule changes to Part 200 of Title 2 of the US Code of Federal Regulations on how the federal government awards, oversees, and manages grants, cooperative agreements, and other forms of financial assistance.

The Guttmacher Institute (Guttmacher) is a private, independent, nonprofit, nonpartisan corporation that advances sexual and reproductive health and rights through an interrelated program of research, policy analysis, and public education. The Institute's overarching goal is to ensure quality sexual and reproductive health for all people worldwide through a deeply integrated approach to science and policy, standing as a source of highly regarded, trustworthy and valuable information on sexual and reproductive health and rights, and communicating evidence on these topics clearly to media, policymakers and advocates.

Guttmacher strongly opposes this proposed regulation and recommends it be rescinded in its entirety as it threatens to have negative impacts on the provision of federally funded services and medical and scientific research and to harm those who would otherwise benefit from those services and research. Furthermore, we believe it is invalid given that OMB does not have the authority to go beyond guidance to promulgate such a uniform rule across all federal agencies. Given our expertise at Guttmacher, this comment focuses on some of the provisions in the proposed rule that would most directly impact sexual and reproductive health care services and research, particularly implicating policies out of the Department of Health and Human Services.

I. New Authorities for Political Appointees Threaten the Administration and Effectiveness of Federally Funded Reproductive Health Programs and Research

There are several proposed changes in the proposed rule that would consolidate power with political appointees, threatening the integrity of the grant making process. If implemented, these changes would make the process of applying for and maintaining federal grants ambiguous, chaotic and unpredictable in ways that would make it exceedingly difficult for grantees to apply, maintain and plan for ongoing federal grants. The following bulleted list includes specific examples, but is not exhaustive of all provisions that we believe threaten the integrity of research and program funding:

- The proposed rule creates a pre-issuance review process that requires senior appointees to review all discretionary awards and to consider whether applicants are, among other things, "demonstrably advanc[ing] the President's policy priorities." (2 CFR §200.205).
- The use of peer review is minimized; it is allowed "provided that peer review recommendations remain advisory and are not ministerially ratified, routinely deferred to, or otherwise treated as de facto binding" (2 CFR §200.205). Further, the provision emphasizes that senior appointees must incorporate into their reviews the applicants' compliance with concepts such as "Gold Standard Science."
- The proposed rule "strongly encourage[s]" agencies to use Statements of Interest (SOIs) – "a short pre-application submission, typically no more than a few pages" – as part of their Notices of Funding Opportunities (NOFOs) when high application volume or lengthy proposals are expected. Only applicants who clear that process would be invited to submit full proposals (2 CFR 200.204(c)).
- Applicants can be denied funding if the government believes they are affiliated with organizations that "advocate for the overthrow of the United States Government" or "undermine public safety or national security" (2 CFR §200.206).
- The proposed rule broadens the government's ability to pause or terminate any discretionary grant mid-stream so long as it is "in the interest of the Federal agency or the pass-through entity," including where the award "does not effectuate program goals, Federal agency priorities, or the national interest as they exist at the time of the termination" (2 CFR §200.340).

Given the above provisions, we are concerned that senior political appointees may let political preferences and other non-programmatic factors guide their decisions, rather than relying on expertise, evidence and objective criteria as dictated by statutes and regulations governing an award. Further – absent clear definitions to guide applicants – there is a real threat that many organizations qualified for federal grants could be disqualified by political appointees who don't approve of their research or the issues they work on based on ideological or other non-substantive motivations. These provisions in the proposed rule give senior officials more power than they currently have to shape which types of programs are funded, who is eligible to apply, the criteria against which applicants are evaluated, and the required activities of funded programs. In particular, the SOI process could serve to screen out and exclude some qualified applicants before they are even able to apply for a full merits review.

Similarly, there is the threat that existing grantees could have their grants abruptly revoked during the term of their award for unclear reasons. Because this proposed rule is meant to be applied uniformly across all federal departments but lacks clear consideration from each agency leader or specific definitions for many provisions, it would be hugely challenging for applicants to anticipate the criteria by which they will be judged. For example, it is not clear what constitutes "Federal agency priorities" in each award context or by what specific criteria each senior appointee in different agencies will apply to their pre-issuance authority. And it is even more concerning that these provisions are not only vague but give political appointees additional discretionary authority over Congressionally-mandated funds, challenging Congress' legal authority and responsibility to establish and fund programs for specific purposes. Having federal funding for a service program, research endeavor or other project suddenly pulled or frozen – especially for reasons unrelated to performance – is disruptive and hugely challenging. The people being served by federally funded programs may experience a halt in services,[1] data collection and analyses could be significantly disrupted and grantees could be forced to scramble to raise other funds. In many instances, the federal investment already made into the work may be wasted if the project is unable to continue.

The proposed rule also threatens the United States' decades-long run as a leader in scientific and medical breakthroughs, which has been fostered in part because federal funding for such research has been conditioned upon highly selective and objective criteria and built within a research infrastructure that demands transparency and accountability. Unfortunately, the proposed rule threatens that integrity by placing more power with political appointees and therefore at the whim of political agendas, with less reliance on peer review and evidence-based research. This is especially concerning for research related to sexual and reproductive health, a critical area of health and wellbeing for all Americans which has been politicized, underfunded and where many research gaps remain. It is critical that scientists be able to seek federal funding to better our understanding of public health and medical innovations as they relate to contraception, fertility, pregnancy, menopause and more without worrying about the influence of political agendas.

Further, we are concerned that, in many instances, senior political appointees will not have the necessary expertise to properly evaluate scientific grant applications and will instead make decisions based on political preferences, especially with less ability to rely on peer review for expertise. Because this proposed rule would make it extremely difficult for researchers to understand clearly the criteria by which their proposals are being judged

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[1] Kavanaugh ML, Blades N, Friedrich-Karnik A, Frost JJ, Trump administration's withholding of funds could impact 30% of Title X patients, Guttmacher Institute, Policy Analysis April 2025. https://www.guttmacher.org/2025/04/trump-administrations-withholding-funds-could-impact-30-percent-title-x-patients
This analysis demonstrates the impact from the administration's decision to abruptly freeze funds to many Title X grantees in April 2025 – had it become a permanent freeze, at least 834,000 people would have lost access to Title X funded care over the course of a year.

and the conditions under which their funding will be maintained, whole bodies of research would be threatened.

How New Authorities for Political Appointees Could Impact Title X

Title X is the nation's only federal program dedicated to providing comprehensive family planning services to low-income individuals, particularly those who have no insurance or are underinsured. Like all other federal grant programs, this one will be directly impacted by the changes in the new proposed rule. Crucially, by placing more grantmaking power in the hands of political appointees, the selection process threatens to become less objective (and focused on whether applicants can meet the needs of the program as defined in statute and regulation) and, instead, more politicized. This politicization puts in jeopardy the high quality, comprehensive reproductive health services that have been funded by Title X for decades.[2]

For example, the Title X statute requires HHS to take into account specific factors when evaluating grant applications, including "the number of patients to be served, the extent to which family planning services are needed locally, the relative need of the applicant, and its capacity to make rapid and effective use of such assistance."[3] However, the new power of senior appointees to engage in the grantmaking process could mean that some qualified applications for Title X funds may never be judged on the merits of their applications, based on the factors Congress intended.

Furthermore, we know from regulations issued during the first Trump administration how politically motivated restrictions on Title X grantees can have a tremendous impact on the network and the patients they serve. The 2019 Title X final rule which, among other restrictions, required providers receiving Title X funding to separate any abortion related services from Title X services and prohibited abortion referrals, resulted in huge decreases in the number of participating clinics and patients served. While the specifics of this proposed rule differ from that 2019 Title X regulation, we fear that it similarly threatens to reduce the number of highly qualified reproductive health providers, and thus the number of people able to access reproductive health care.

This administration has demonstrated that it is willing to target providers based on whether they provide abortion care, despite the fact that those services are provided with non-federal funding and do not violate federal law. These political motivations were made clear by the signing into law of HR 1, which included a provision preventing Planned Parenthood health centers and some other abortion providers from receiving Medicaid payments for one year. Thus, it seems possible that senior political appointees could use their new authorities under the proposed rule to summarily disqualify health care providers who

[2] Features and benefits of the Title X Program, Guttmacher Institute, Fact Sheet February 2025. https://www.guttmacher.org/fact-sheet/features-and-benefits-title-x-program

[3] 42 U.S.C. § 300

provide abortion services (with non-Title X funds) from receiving Title X awards. Similarly, the number of grantees could be reduced at any time if senior political appointees exercised their expanded authority and terminated grants mid-cycle.

Research from the Guttmacher Institute and others documented the devasting impact of the 2019 Title X rule. It led to a direct and immediate decline in the number of Title X service sites, falling from 3,954 clinics in 2018 (before the rule) to 3,031 clinics in 2020 (after the rule was fully implemented), roughly one-quarter of the network.[4] These included all grantees and service sites affiliated with Planned Parenthood. These declines impacted some states more than others: Six states (Hawaii, Maine, Oregon, Utah, Vermont and Washington) had no Title X-supported clinics for the duration of the 2019 Final Rule, and in another eight states, at least half of Title X service sites left the program. Although the Office of Population Affairs (OPA) attempted to bring in new service sites with supplemental grants, only seven states saw even a modest increase.[5] The decline in the number of family planning patients served by the Title X network was even sharper than the decline in the number of service sites: from 3.94 million patients in 2018 to 1.54 million in 2020, a 61% decrease.[6] The number of users per service site dropped by roughly half (from 996 to 507).[7]

Because the number of Title X patients declined severely as a result of the 2019 Final Rule, the number of patients receiving specific types of contraceptive care, STI testing and cervical cancer screening declined in a similar fashion. During the period between 2019 and 2021 when the rule was in effect, "the average total number of services Title X provided decreased by 16% nationwide from the prerule change period," and after the rule was overturned, "the subsequent recovery [was] slow."[8] Overall, the number of female Title X patients using any contraceptive method declined from 2.7 million 2018 to 979,000 in 2020, more than 60%, with proportionate declines among patients using the most effective methods (IUDs, implants or sterilization) and using moderately effective methods (such as oral contraceptives, injectables, rings or patches). The number of Pap tests provided under

[4] Office of Population Affairs (OPA), U.S. Department of Health and Human Services (HHS), Family Planning Annual Report: 2023 National Summary, 2024, https://opa.hhs.gov/sites/default/files/2025-08/2023-FPAR-national-summary.pdf

[5] Frederiksen B, Salganicoff A, Ramaswamy A, Gomez I, Current status of the Title X network and the path forward, KFF, December 2020. https://www.kff.org/womens-health-policy/current-status-of-the-title-x-network-and-the-path-forward/

[6] Office of Population Affairs (OPA), U.S. Department of Health and Human Services (HHS), Family Planning Annual Report: 2023 National Summary, 2024, https://opa.hhs.gov/sites/default/files/2025-08/2023-FPAR-national-summary.pdf

[7] Ibid.

[8] Compton SD, Carter G, Gero, A, et al, Assessing the impact of federal restrictions to the Title X program on reproductive health service provision between 2018 and 2022 in the United States, *Contraception*, 2025, 142, https://doi.org/10.1016/j.contraception.2024.110724

Title X fell more than 50% between 2018 and 2020, and the numbers of chlamydia, gonorrhea, syphilis and confidential HIV tests provided fell by roughly 60-70%.[9]

It would be tragic to see these same outcomes play out again because of this new proposed rule. We are concerned that grant applications, including from current grantees, which follow Title X's regulations and show their full commitment to serving low-income people seeking reproductive health care services – including how best to provide person-centered contraceptive care and all options pregnancy counseling – will be disfavored. We are concerned that, instead, political appointees will favor grant applicants *not* committed to providing the full range of reproductive health care services, making them less effective at meeting people's health care needs.

II. The Proposed Rule Inserts Ideology and Political Agendas into Federally Funded Programs and Research

There are several provisions in the proposed rule that would compromise federally funded programs and research by imposing ideology and political agendas that may not align with the purpose and objectives of the work. Some of these proposed changes include (not exhaustive):

- Prohibiting the use of federal awards to "fund, promote, encourage, subsidize, or facilitate" diversity, equity, and inclusion (DEI) "policies, principles, or practices that violate any applicable Federal anti-discrimination laws;" gender ideology, which it defines as any theory that "denies the biological reality of sex or the sex binary in humans;" or gender transition assistance for an individual under the age of 19 (2 CFR §200.300).
- Prohibiting federal funds from being used to support voter registration drives and from being used to engage in "issue advocacy or public messaging that promotes or opposes a particular social, political, or public policy position unrelated to the statutory objectives or performance requirements of the Federal award" (2 CFR Section 200.450).
- Requiring that programs must be designed "with clear goals and objectives" that "align with administration policies and priorities" (2 CFR §200.202).
- Requiring federal agencies to "eliminate the use of disparate impact liability in all contexts relevant to federal awards" (2 CFR §200.218).

We are concerned that the restrictions outlined above are not only discriminatory and stigmatizing, but also overly broad and confusing. The lack of clarity and definitions would

[9] Office of Population Affairs (OPA), U.S. Department of Health and Human Services (HHS), Family Planning Annual Report: 2023 National Summary, 2024, https://opa.hhs.gov/sites/default/files/2025-08/2023-FPAR-national-summary.pdf

force grantees to undertake the difficult tasks of trying to interpret and understand what activities and speech are no longer allowed—and then burdening them with having to show compliance. The vagueness in these proposed policies – which were written to cover a myriad of government-funded programs – is especially challenging for health care providers trying to administer programs such as Title X. For example, these restrictions could chill the ability of health care providers to engage in patient education, public-health messaging, and targeted outreach to populations disproportionately impacted by a lack of access to health care and who could most benefit from Title X services. Notably, the Title X patient population is disproportionately Black or Hispanic, with only about three in 10 patients who are non-Hispanic White.[10]

Despite clarity in the Title X statute and regulations that Title X projects are to "offer a broad range of acceptable and effective family planning methods and services,"[11] this administration has also promoted policies that limit people's access to contraception and other reproductive health care. That inconsistency between the law and what could be interpreted as the administration's "policies and priorities" is deeply problematic. For example, it could lead Title X family planning providers to self-censor when counseling their patients about contraception or pregnancy options, leading to sub-optimal care and broken trust between providers and their patients. This has played out before; research studying implementation of the 2019 Title X final rule found that providers who remained in the network and had to comply with the rule's various restrictions reported fear of saying the wrong thing and not being able to provide patients with all the information relevant to their health.[12] Extensive evidence makes clear that high quality care includes providing patients with information about and access to the full range of birth control methods.[13] Any type of chilling effect can end up undermining person-centered care, the provider-patient relationship and patient health outcomes.[14]

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[10] Office of Population Affairs (OPA), U.S. Department of Health and Human Services (HHS), Family Planning Annual Report: 2023 National Summary, 2024, https://opa.hhs.gov/sites/default/files/2025-08/2023-FPAR-national-summary.pdf

[11] 42 U.S.C. § 300

[12] VandeVusse A et al., The impact of policy changes from the perspective of providers of family planning care in the US: results from a qualitative study, *Sexual and Reproductive Health Matters*, 2022, 30(1):2089322, doi:10.1080/26410397.2022.2089322

[13] Gomez AM, Bennett AH, Arcara J, Stern L, et al, Estimates of use of preferred contraceptive method in the United States: a population-based study, *The Lancet Regional Health - Americas*, Volume 30, 2024 https://doi.org/10.1016/j.lana.2023.100662

[14] Easter R, Friedrich-Karnik A and Kavanaugh M, *Any Restrictions on Reproductive Health Care Harm Reproductive Autonomy: Evidence from Four States,* New York: Guttmacher Institute, 2024, https://www.guttmacher.org/report/any-restrictions-reproductive-health-care-harm-reproductive-autonomy-evidence-four-states

Furthermore, Title X regulations require grantees to serve patients in an inclusive, culturally appropriate, and nondiscriminatory manner, including ensuring that transgender people are "fully included and can actively participate in and benefit from family planning." These requirements could be seen as conflicting with proposed rule's ban on promoting "diversity, equity and inclusion" and so-called "gender ideology."

As it regards medical and scientific research, we are concerned that these provisions could be used to limit the range of topics studied and the kinds of data collected. Particularly as it relates to public health, demographic, and health services research (and sexual and reproductive health specifically), it is critical that we design studies and collect data that reflect the entire U.S. population. In order to generate evidence that can be directly applied to improve programs, policies, and clinical care, we need to understand what works and for whom. We need to know, for example, if there are differences by age group, by race/ethnicity, by sexual orientation, or by geography. Collection of this demographic information is standard and a long-standing practice, essential to population and clinical research. Yet, the new provisions in this proposed rule that target DEI, gender ideology, disparate impact liability and more could be used to threaten that data collection and other research focused on identifying, explaining and remedying health inequities. There would be devastating long-term impacts if we turned back progress on understanding and working to address health inequities in sexual and reproductive health.

III. The Proposed Rule Targets Abortion Without Any Authority to Do So and Threatens Harm

Adding to the uncertainty and confusion created by many of the provisions in the proposed rule, there is a provision that prohibits funding for "costs associated with elective abortion" in all federal grantmaking (2 CFR §200.477). By applying such a restriction to all federal funding awards while claiming to "maintain consistency with governing Federal law" and invoking Executive Order 14182, the provision appears to be referring to the Hyde Amendment. However, OMB lacks the authority to create or expand any such restrictions: permanent regulations cannot be promulgated on the basis of an executive order or time-limited appropriations rider. Further, the provision as drafted in the proposed rule is vague and ambiguous – it does not mirror Hyde, which would make it difficult for agencies to understand or implement.

The Hyde Amendment is a budget rider that Congress has included in various forms in the yearly appropriations acts for the Departments of Labor, Health and Human Services, and Education, and related agencies. No legal authority authorizes OMB or any other agency to unilaterally change the meaning, application, and scope of Congressionally-enacted abortion prohibitions. This is especially true given that the proposed rule attempts to impose vague new permanent abortion restrictions on federal funds that Congress may appropriate in the future and on funding streams that have never before been subject to

abortion restrictions. In contrast, the Hyde Amendment is limited in the scope of what agencies it applies to, what it restricts, and the time in which it applies. Many of the promulgating agencies are not subject to the Hyde Amendment and have no authority to impose this restriction.

In addition, the provision in the proposed rule describes "costs associated with elective abortion" as unallowable. In contrast, the Hyde amendment limits funding for abortion services, not for "costs associated" with abortion. By failing to define what could constitute "costs associated with" abortion or what "elective abortion" applies to, this provision could lead to extreme confusion and inconsistent and inappropriate implementation across federal agencies. This conflicts with OMB's purported rationale to "promote[] uniform application of existing statutory funding restrictions." By failing to state clearly what OMB intends to restrict, this provision creates confusion not only for health care providers and reproductive health researchers, but for all federally funded programs that would have to spend time trying to understand the implications of such a provision, with no underlying federal statute to provide guidance.

Ultimately, if implemented, this provision in the proposed rule would cause harm. Abortion is essential health care; approximately one in four women will have an abortion by age 45.[15] We know from decades of evidence that restrictions on people's access to abortion care, including the discriminatory Hyde Amendment, have negative impacts and exacerbate health disparities. For example, a disproportionate share of Black and Hispanic women have been denied coverage of abortion because of the Hyde amendment.[16] For those subject to the Hyde Amendment, this can result in delays in getting care while people raise the funds necessary to pay for abortion care. Research has demonstrated that for many, those costs are insurmountable, with restrictions on Medicaid funding leading to one in four Medicaid-eligible women to continue their pregnancies.[17] Denying a wanted abortion not only violates a person's basic human rights, but it increases the likelihood of a woman and her children living in poverty[18] and becoming victims of intimate partner violence.[19]

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[15] Jones RK, An estimate of lifetime incidence of abortion in the United States using the 2021–2022 Abortion Patient Survey, *Contraception*, 2024, 135:110445, https://www.contraceptionjournal.org/article/S0010-7824(24)00108-2/fulltext

[16] The Hyde Amendment: A discriminatory ban on insurance coverage of abortion. Guttmacher Institute Fact Sheet May 2021 https://www.guttmacher.org/fact-sheet/hyde-amendment

[17] Henshaw, S. K., Joyce, T. J., Dennis, A., Finer, L. B., & Blanchard, K. (2009). Restrictions on Medicaid funding for abortions: A literature review. https://www.guttmacher.org/sites/default/files/pdfs/pubs/MedicaidLitReview.pdf

[18] S. Miller et al., "The economic consequences of being denied an abortion," National Bureau of Economic Research (Jan. 2020) https://www.researchgate.net/publication/328607095_Effects_of_Carrying_an_Unwanted_Pregnancy_to_Term_on_Women's_Existing_Children.

[19] See, e.g., Sarah C.M. Roberts et al., " Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion" (Sept. 29, 2024) https://link.springer.com/article/10.1186/s12916-014-0144-z.

Furthermore, research on the 2019 Title X rule – a policy which was intended to restrict access to abortion – made clear that such restrictions have ripple effects and undermine people's reproductive autonomy. While purporting to target one aspect of reproductive health care, these restrictions negatively impact access to *all* reproductive health care services, including contraception. The effects trickle down to impact individuals' experiences with care more broadly and compound existing inequities.[20] The proposed rule does not acknowledge or grapple with the evidence that such a provision causes harm to people's health and wellbeing, or that such harm could be exacerbated by applying such a vague and broad restriction on "costs associated with elective abortion" across federal agencies.

IV. Proposed Rule Undercuts Dissemination of Research

Several provisions in the proposed rule would have a unique and harmful impact on information sharing and dissemination of federally funded research. These provisions include, but are not limited to:

- Requirements that federal funds used to support a grantee's participation in a conference be "expressly approved by the Federal agency and included in the terms and conditions of the Federal award" (2 CFR § 200.432).
- Prohibition of federal funds from going "to support a bilateral or multilateral collaboration, agreement, program, or activity with a covered foreign country or covered foreign entity" (2 CFR §200.220).
- Prohibition of federal funds from covering publication costs "or similar fees such as open access fees for professional journal publications and other peer-reviewed publications" (2 CFR §200.461).

Conference participation is crucial to scientific dissemination and collaboration, especially for more junior scientists. Because of the provision limiting conference participation without prior approval, researchers will be unable to present findings of federal funded research at venues that become relevant after a grant is issued and/or preliminary data are available. Barriers to conference participation will slow the dissemination of cutting-edge research and hamper career trajectories, ultimately holding back scientific advancement in the United States.

In addition, the proposed rule bars use of funds for Open Access publication. Open Access publication is a key tool to democratize science and make the benefits of taxpayer funded science available to all without cost. Prohibiting the use of federal funds to support Open Access publication of federally-funded science runs counter to the goal of making the benefits of science available to all Americans.

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[20] Easter R, Friedrich-Karnik A and Kavanaugh M, *Any Restrictions on Reproductive Health Care Harm Reproductive Autonomy: Evidence from Four States,* New York: Guttmacher Institute, 2024, https://www.guttmacher.org/report/any-restrictions-reproductive-health-care-harm-reproductive-autonomy-evidence-four-states

V. Conclusion

For decades, the Uniform Guidance governing federal financial assistance has supported a grant making process that relies on transparency, accountability, clarity and fairness. This proposed rule threatens to upend all of that. Not only does OMB lack the authority to make the proposed changes, but those changes are vague and confusing, adding tremendous burden to applicants. The proposed rule also seeks to politicize and weaponize the federal grantmaking process. In addition to numerous harms across federally funded services and medical and scientific research, we are concerned that, if implemented, this rule would threaten the programs and research that advance sexual and reproductive health and rights. Therefore, we strongly oppose the proposed rule and recommend it be rescinded in its entirety.

Sincerely,
Jonathan Wittenberg
President and CEO
Guttmacher Institute