CHILDREN'S HealthWatch

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Submitted electronically via www.regulations.gov

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

Joel Savary & Andrew Reisig
OMB Office of Federal Financial Management
725 17th Street, NW
Washington, DC 20503

RE: Comments from Children's HealthWatch on the Proposed Rule, "Regulation for Federal Financial Assistance," Docket No. OMB-2026-0034, 91 Fed. Reg. 32,198 (May 29, 2026)

Dear Director Vought, Mr. Reisig, and Mr. Savary:

Thank you for the opportunity to submit these comments on the proposed rule, "Regulation for Federal Financial Assistance," published by the Office of Management and Budget (OMB) in the Federal Register on May 29, 2026 (Docket No. OMB-2026-0034). On behalf of Children's HealthWatch, we write in strong opposition to numerous provisions of this proposed rule and urge OMB to withdraw them before issuing any final rule. As detailed below, the proposed revisions to 2 CFR part 200 would politicize, destabilize, and suppress the very research that produces the evidence base for promoting the health of young children in the United States.

Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and policy experts who examine how public policy decisions affect the health and well-being of young children and their families. We accomplish this by interviewing caregivers of children under age four in emergency departments and primary care clinics in four U.S. cities: Boston, MA; Minneapolis, MN; Little Rock, AR; and Philadelphia, PA. Since 1998, we have interviewed more than 80,000 caregivers and analyzed those data to determine how household hardships and policy decisions affect the health and development of young children. Much of this work is conducted within academic and clinical settings that depend on federal financial assistance governed by 2 CFR part 200.

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We therefore comment both as researchers whose work would be directly affected by this rule and as child health experts concerned about the public health consequences of the evidence it would suppress.

Federal financial assistance funds research that tells us which programs keep children healthy, which conditions threaten their development, and how to intervene early and effectively. The integrity of that research rests on three long-standing principles: that awards are decided on scientific merit by qualified experts; that researchers may study the populations and questions where the need is greatest, including children who experience health disparities; and that grant recipients can lead multi-year studies to completion and share their findings openly. The proposed rule undermines all three. We address the provisions of greatest concern below, organized by section and identified by the relevant section number in brackets.

[200.218] Prohibition on the Use of Disparate-Impact Analysis Would Bar the Study of Children's Health Disparities

Proposed § 200.218 would prohibit grant recipients from using federal financial assistance to "promote or support" the use of "disparate-impact liability," a term the rule defines so expansively that it encompasses ordinary epidemiological and health-services research. As written, the prohibition would include any analysis that treats differences in outcomes among groups defined by federally protected characteristics, such as race, sex, or age. Examining these differences is important for identifying evidence of a problem warranting attention. For example, documenting that low-income children, children in immigrant families, or children of a particular race experience higher rates of food insecurity, developmental delay, hospitalization, or housing instability is how the field identifies where children are being harmed and how to help them.

Children's HealthWatch's entire body of work depends on this method. Our peer-reviewed research has shown, for example, that young children in unstably housed families are significantly more likely to be in fair or poor health and at risk of developmental delays than their stably housed peers;[1] that the loss of SNAP benefits is associated with food insecurity and poor health in working families with young children;[2] and that families' avoidance of health and nutrition programs amid immigration-related fear reduces the use of preventive care among U.S.-citizen children of immigrant mothers.[3] Each of these findings rests on comparing outcomes across groups. Under § 200.218, federal support for such research would be imperiled.

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[200.205] Political Pre-Issuance Review Would Override Scientific Peer Review and Penalize Academic Medical Centers

Proposed § 200.205(b) would require senior political appointees to conduct a pre-issuance review of every discretionary award and to ensure that awards "demonstrably advance the President's policy priorities." It directs that scientific peer review "remain advisory" and not be "routinely deferred to." This inverts the principle that has underwritten American scientific leadership on the international stage for decades: that federal research dollars follow scientific merit as judged by independent experts, not the political preferences of the moment.

Child health research cannot be conducted on a two-year political cycle. Which questions are worth funding, how to prevent low birth weight, how to reduce childhood food insecurity, and how housing stability shapes early development are dictated by the needs of children and the state of the evidence, not by whether a finding is congenial to any administration or election cycle. Replacing expert judgment with political judgment will degrade the quality and credibility of the research the government funds and will deter rigorous investigators from applying.

[200.461 & 200.432] Making Publication and Conference Costs Unallowable Would Suppress the Dissemination of Findings

Proposed § 200.461 would make publication costs unallowable absent case-by-case agency approval, and § 200.432 would make conference attendance allowable only when expressly approved in the award. OMB reasons that publication is "not inherently necessary" to most awards and may serve "reputational" interests. For research, this reasoning is mistaken. Disseminating findings through peer-reviewed publication and scientific conferences is not ancillary to federally funded research; it is the mechanism by which research improves children's health. A study that is never published or presented cannot inform a pediatrician's practice, public health guidance, a state's program design, or a family's care. Making dissemination contingent on case-by-case approval invites the suppression of inconvenient findings and slows the translation of science into real-world health care, social service and public policy design.

Conclusion

The proposed rule is presented as a measure to ensure that federal dollars "serve the needs of the American public." For research that promotes children's health, it would do

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the opposite. By prohibiting the study of health disparities, politicizing the award and termination of scientific funding, and suppressing the publication of results, the rule would erode the evidence base on which pediatricians, families, and policymakers depend, and would raise, not lower, the long-term public health care, social service, and education costs of preventable childhood illness, developmental delay, and hardship. By way of illustration, we estimate that the annual avoidable health care and education costs of childhood food insecurity alone total $1.67 billion for children under age four and $237 billion overall;[4] rigorous, federally funded studies are how costs like these are identified and reduced.

For the health and future of our nation's children, we urge OMB to withdraw the provisions identified above and, given their number, their breadth, and their fundamental incompatibility with the integrity of federally funded science, to withdraw the proposed rule in its entirety.

Sincerely,

Stephanie Ettinger de Cuba, PhD, MPH
Executive Director
Children's HealthWatch

References

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2. Ettinger de Cuba S, Chilton M, Bovell-Ammon A, et al. Loss of SNAP is associated with food insecurity and poor health in working families with young children. Health Aff (Millwood). 2019;38(5):765-773.
3. Ettinger de Cuba S, Miller DP, Raifman J, et al. Reduced health care utilization among young children of immigrants after Donald Trump's election and proposed public charge rule. Health Aff Sch. 2023;1(2):qxad023.

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4. Poblacion A. The Cost of Hunger: Costs Related to Food Insecurity. Children's HealthWatch; 2025. https://childrenshealthwatch.org/wp-content/uploads/The-Cost-of-Hunger.pdf