



July 13, 2026

Russell Vought
Director
Office of Management and Budget (OMB)
Executive Office of the President
725 17th St NW
Washington, DC 20503

RE: Regulation for Federal Financial Assistance

Submitted electronically at www.regulations.gov.

Dear Director Vought:

The HIV Medicine Association is submitting comments on the proposed rule for Federal Financial Assistance on behalf of nearly 6,000 physicians, researchers, pharmacists, nurse practitioners, physician assistants and other healthcare professionals who work on the frontlines of the HIV epidemic. We write to share the anticipated harmful impacts of the proposed rule on efforts to end the HIV epidemic and to prevent and control infectious diseases broadly in the United States given the critical role that federal grants play in supporting public health, care and treatment and research in every state and community across the country. Within our comments, we also include questions for OMB regarding the proposed rule and its impact on people with HIV and the HIV response.

Given the scale and scope of the rule, the breadth of federal agencies that it would apply to and the intersectionality of federal programs and infrastructure, our concerns extend far beyond the comments that follow. In light of the far-reaching impacts of the proposed rule, we urge the Office of Management and Budget to withdraw the proposed rule.

[§200.205] Federal Grant Making Determinations

The proposed rule requires senior political appointees to conduct pre-issuance reviews of discretionary awards – which would apply to a majority of federally supported HIV programs. We believe that career subject matter experts rather than political appointees have the appropriate expertise and experience to ensure that federal research, public

health, and safety-net healthcare funding is being invested wisely and where it can have the greatest impact.

In addition, the proposed rule outlines criteria for federal funding that are not defined and that we believe will introduce politics into federal grantmaking in a way that will interfere with an effective HIV response, creating uncertainty and instability in federal grant funding. Barring funding for applicants with a “history of questionable practices” and not allowing funding for initiatives that “compromise public safety or promote anti-American values” are open to broad interpretation, and we believe will disproportionately impact vulnerable populations and the programs that serve them based on the executive orders that have been issued by the Administration. In addition, shifting agency priorities based on the President’s priorities rather than agency priorities that are developed with input from key stakeholders will lead to inefficient and less effective programming at a greater cost to taxpayers, in addition to creating significant uncertainty and instability for federal grantees.

Threats to HIV discoveries needed to end the HIV epidemic

Progress in biomedical research is incremental, with new discoveries building on previous scientific findings, necessitating the need for sustained long-term investments in HIV research priorities. Investments in HIV research over the last four decades are a testament to the value of sustained investments in research. The development of highly effective HIV treatment would not have been possible without stable funding and the public-private partnerships that the investment made possible. As an example, a retreat in funding for HIV vaccine and cure research, we believe would halt important progress in areas of research that have yielded promising findings setting back efforts to end the HIV epidemic.

We also are confused by the term “gold standard science” and how it will be applied to evaluate the “merit” of research proposals. In the absence of defining criteria for “gold standard science,” decisions regarding billions of valuable federal research grants could be determined by political appointees who may have little or no research or relevant subject matter expertise or experience.

Poorer health outcomes and higher healthcare costs

We also believe the impacts of these policies would devastate clinics that rely on Ryan White HIV/AIDS Program grants to serve people without other sources of care and treatment. The Ryan White Program has been widely recognized for its success at effectively providing care and treatment to people with HIV and achieving a viral suppression rate of more than 91 percent – which surpasses the national average of 69 percent. People with HIV who are virally suppressed not only stay healthy but do not transmit HIV sexually. If the Ryan White Program’s funding parameters are determined by

political appointees rather than by the communities the program serves, as required in the Ryan White Program legislation, HIV clinics will be less effective in reaching and treating people with HIV resulting in lower viral suppression rates, higher healthcare costs and increases in HIV transmissions.

How will OMB ensure that a long-term, comprehensive HIV research agenda to end the HIV epidemic is maintained? What process will OMB use to define “gold standard science?” How will OMB ensure health outcomes continue to improve for people with HIV if programming and service delivery is not informed by community and local needs?

[§200.220] Prohibitions on International Collaborations

We believe infectious diseases and HIV research will be severely impaired by the proposed restrictions on collaborations with international partners to the detriment of all Americans. Infectious diseases know no boundaries and inhibiting our country’s scientific workforce from collaborating with researchers from around the world, including South Africa, will severely set back efforts to prevent and prepare for infectious outbreaks and pandemics.

We believe the policy also will be detrimental to efforts to end the HIV epidemic in the U.S., given that we do not have a large enough population size within the country to conduct most clinical trials at the scale and scope needed for cure research and to develop an HIV vaccine. The development of an HIV cure and vaccine remains critical for us to fundamentally alter the course of the epidemic and achieve the goal of ending the HIV epidemic in the U.S. Based on the significant crossover benefits that HIV discoveries have had on important advances in virology, immunology and oncology, we also are likely to see setbacks in these areas of research in the U.S.

What criteria will OMB use to grant exceptions to this policy? How will OMB determine “risk to national security” and collaborations “in the national interest of the United States”?

[§200.300] Diversity, Equity and Inclusion and Gender Restrictions

Prohibitions on the use of grant funding for diversity, equity and inclusion and what is characterized as “gender ideology” activities in the proposed rule would deny evidenced services to populations highly vulnerable to HIV. The prohibitions will severely disrupt and create undue burden on the HIV care and service delivery models that have proven so effective at managing and treating HIV at great cost to people with HIV and to clinics and healthcare systems.

The Ryan White HIV/AIDS Program and other grants from the Bureau of Primary Health Care provide lawful services to people of color and to LGBTQ+ populations, including

transgender individuals. It is well documented that these populations continue to be heavily impacted by HIV and experience worse treatment outcomes due to delayed diagnosis and access to treatment. We believe denying communities and clinics the ability to acknowledge these populations in developing programming to better meet their needs could put their lives at risk and will increase healthcare costs and HIV transmissions. HIV continues to be a fatal condition for people who do not have access to HIV treatment. Without effective HIV prevention and treatment programs, communities across the nation will be at higher risk of HIV outbreaks, thereby increasing human and health care costs.

How will OMB ensure that federal grantees maintain their ability to respond to their local community needs and to the needs of the populations most heavily impacted by HIV, including people of color, LGBTQ+ and transgender individuals under this policy?

[§200.340] Grant Termination and Suspension

We believe the threat that federal grant funding could be terminated at any time also would create a level of uncertainty and instability that would erode the infrastructure and HIV workforce needed to end the HIV epidemic.

The Administration has recognized the important role of the Ryan White HIV/AIDS Program and Federally Qualified Health Centers in its efforts to improve access to HIV services as part of their End the HIV Epidemic initiative. These safety-net clinics require stable funding to fulfill their mission of providing services to people who are uninsured and without alternative sources for healthcare services.

While we believe Parts A and B of the Ryan White Program may not be subject to termination without cause, Parts C and D grants, which go directly to HIV clinics and Part F grants, which provide critical training and support to HIV clinicians, particularly in rural areas, in addition to supporting dental care, would be subject to this policy. We anticipate clinics and institutions will pare down their HIV programming, including staffing, due to the financial risk they would need to assume if their grants are terminated mid-grant cycle. As an example, under the Administration's current policies of delaying and issuing partial Ryan White Program awards, clinics receiving Ryan White Part C funding have been forced to lay off staff and cut back on services to minimize their financial exposure.

We request that OMB clarify how the federal government will ensure public health and safety-net programs will maintain the funding stability they need to remain viable and able to respond to the HIV epidemic, including a sufficient HIV workforce, if this rule is finalized.

[\$200.432]: Restrictions on Conference attendance; [\$200.461]: Publication and Printing Costs; [\$200.421]: Advertising and Public Relations

We believe the policies outlined in these sections will dramatically curtail the scientific process by limiting the dissemination of taxpayer-supported research and the sharing of information across disciplines at conferences, in journal publications and through communication campaigns.

We also believe that disallowing the use of federal grants to publish research supported by the federal government will delay or prevent advances in HIV and other infectious diseases from reaching patients who could benefit from them. Supporting conference attendance, publication and printing costs and promotions of federally supported research is critical to promoting transparency and to extending the reach of federal investments in research in improving health outcomes and reducing health care costs.

In closing, HIVMA is deeply concerned by the potential far-reaching consequences of the proposed rule and, in particular, how it will affect people with HIV and populations vulnerable to HIV, and the ability of our members to care for them and to advance the research and clinical trials critical to ending the HIV epidemic. We reiterate our request for OMB to please consider the negative impacts of the proposed Federal Financial Assistance rule and withdraw it. Please contact HIVMA Executive Director Andrea Weddle at aweddle@hivma.org with questions regarding our comments.

Sincerely,

A handwritten signature in black ink, appearing to be 'A. Person', with a long horizontal stroke extending to the right.

Anna K. Person, MD, FIDSA
Chair, HIVMA Board of Directors