Asthma and Allergy Foundation of America

Submitted electronically via www.regulations.gov

July 13, 2026

Russell Vought
Director
Office of Management and Budget
Attention: Docket No. OMB-2026-0034,
Washington D.C. 20503

RE: Proposed Rule, Regulation for Federal Financial Assistance, Docket No. OMB-2026-0034

Dear Mr. Vought:

On behalf of the Asthma and Allergy Foundation of America (AAFA), I write to express strong opposition to the proposed "Regulation for Federal Financial Assistance" and to urge that the rule be withdrawn in its entirety. While AAFA shares the proposed rule's stated goals of transparency, accountability, and effective oversight of federal financial assistance, the rule as written would instead lead to politicization and weaken our public health and scientific research systems.

AAFA is the leading patient organization for people with asthma and allergies and the oldest asthma and allergy patient group in the world. AAFA focuses on saving and improving lives for the over 100 million people in the U.S. with asthma and allergic diseases. We are dedicated to improving the quality of life for people with asthma and allergic diseases through education, support, advocacy and research.

Asthma is one of the most common and costly diseases in the U.S., affecting nearly 28 million Americans, including about 5 million children.[1,2] The total economic cost of asthma in the United States was about $82 billion per year from 2008 to 2013, or $118 billion in CPI

[1] National Center for Health Statistics. 2024 NHIS Adult Summary Health Statistics. Data accessed February 19, 2026. Available from https://data.cdc.gov/d/25m4-6qqq.
[2] National Center for Health Statistics. 2024 NHIS Child Summary Health Statistics. Data accessed February 19, 2026. Available from https://data.cdc.gov/d/wxz7-ekz9.

adjusted dollars in 2026.[3] Robust, stable, and fairly awarded federal research funding is essential to our mission.

The proposed rule would fundamentally alter the framework governing federal grants and cooperative agreements across agencies, including the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH). By converting existing uniform guidance into binding regulation, centralizing grant policy within OMB, and expanding political review and termination authorities, the proposal threatens the integrity of the scientific enterprise and the continuity of critical public health programs.

Risk of unstable funding and disruption of long-term public health efforts

The proposed rule would significantly expand agencies' authority to suspend or terminate awards, including on broad "national interest" grounds. These changes would introduce substantial uncertainty into the grant lifecycle and increase the risk that long-term projects—such as multi-year asthma cohort studies and community-based interventions—could be halted or defunded based on shifting political priorities rather than on scientific or programmatic considerations.

For chronic conditions like asthma and allergies, progress depends on sustained, multi-year investments in research, surveillance, and the implementation of research findings that inform programs. Unstable funding undermines longitudinal research, community programs like those funded through the National Asthma Control Program (NACP) at CDC, and the infrastructure and workforce needed to support research centers and laboratories.

Furthermore, the proposed rule would dangerously weaken the healthcare safety net. Many clinics and other nonprofit healthcare providers rely heavily on federal grants in order to serve patients. Destabilizing their fundings will make it even harder for low-income patients with asthma or allergies, along with other underserved populations, to find affordable and reliable care.

By broadening discretionary termination authorities and politicizing control over grantmaking, the proposed rule would make it more difficult for AAFA's partners to plan,

[3] Nurmagambetov, T., Kuwahara, R., & Garbe, P. (2018). The Economic Burden of Asthma in the United States, 2008–2013. Annals of the American Thoracic Society, 15(3), 348–356. https://doi.org/10.1513/annalsats.201703- 259oc

invest, and innovate. This instability is incompatible with the long-term nature of asthma and allergy research and public health work.

Inability to adequately address racial, ethnic, and other disparities

The asthma and allergy burden in the United States is profoundly unequal. AAFA's report, Asthma Disparities in America: A Roadmap to Reducing Burden on Racial and Ethnic Minorities,[4] documents how Black, Hispanic/Latino, Native American, and low-income communities experience higher asthma prevalence, more frequent emergency department visits and hospitalizations, and higher mortality compared with white and higher-income populations. These disparities are driven by structural inequities, environmental exposures, housing conditions, poor access to care, and other social drivers of health.

The proposed rule would restrict funding for diversity, equity, and inclusion (DEI)-related activities and could affect research examining health disparities and structural inequities. It would also prohibit federal funding for a range of activities deemed "ideological," including certain equity-based approaches, and tie funding to new national interest conditions that may be interpreted in ways that discourage or exclude disparities-focused work.

For AAFA, this is deeply concerning. Without explicit support for disparities research and equity-focused interventions, high-burden communities will be left behind. For example, programs that target neighborhoods with the highest asthma hospitalization rates may be deemed too "ideological" if they explicitly address structural racism or environmental injustice. Surveillance systems may be constrained in collecting and analyzing data by race, ethnicity, language, and other factors necessary to identify and address inequities. Finally, policymakers would lack the robust, disaggregated evidence needed to design interventions that reduce disparities in asthma and allergy outcomes.

AAFA's disparity work demonstrates that closing these gaps requires intentional, well-funded research and programs that address inequity. A regulatory framework that chills or penalizes such work is fundamentally at odds with the goal of improving health for all.

[4] Asthma and Allergy Foundation of America, (2020). [Asthma Disparities in America: A Roadmap to Reducing Burden on Racial and Ethnic Minorities]. Retrieved from aafa.org/asthmadisparities.

The importance of federal research and fair, objective grantmaking

Federal agencies support key asthma and allergy research, surveillance, and programs. The NACP has long provided essential funding to states and communities to improve asthma outcomes through evidence-based interventions, data collection, and quality improvement.[5] The NIH institutes—including the National Heart, Lung, and Blood Institute (NHLBI) and the National Institute of Allergy and Infectious Diseases (NIAID)—support basic, translational, and clinical research that underpins advancement in asthma and allergy prevention, diagnosis, and treatment.

Under the current framework, research on asthma and other conditions relies on expert peer review to ensure that awards are made based on scientific merit. Peer review panels are composed of subject-matter experts who evaluate methodological rigor, feasibility, and innovation. The proposed rule would require senior political appointees to approve all grant awards – replacing scientific expertise with politicization. Political reviewers lack this specialized expertise and may prioritize short-term policy goals over scientific merit.

Research that aligns with current administration priorities may be favored, while equally important but less politically salient topics—such as indoor air quality, occupational exposures, or rare allergic conditions—may be deprioritized. Political interference undermines confidence in the objectivity and independence of the research enterprise.

For asthma and allergy research, where emerging science often challenges existing assumptions and requires long-term investments (e.g., in environmental justice or climate-related exposures), political review poses a direct threat to progress. AAFA strongly believes that peer review must remain the central mechanism for evaluating research proposals.

Impact on international collaboration

Asthma and allergy affect people everywhere, and scientific progress depends on international collaboration. The proposed rule introduces new restrictions affecting some foreign collaborations and expands oversight requirements for subawards, including those involving international partners. These changes would deter international research partnerships that are essential for understanding global patterns of asthma and allergy, sharing data and best practices, and conducting multi-country clinical trials. Importantly,

[5] Centers for Disease Control and Prevention, "About CDC's National Asthma Control Program" (May 2024). Available at https://www.cdc.gov/national-asthma-control-program/php/about/index.html

these changes would reduce the U.S. leadership in global health research, as institutions may avoid international collaborations due to heightened compliance burdens and uncertainty about allowable activities.

AAFA's mission is informed by global evidence and collaboration. A regulatory regime that restricts or chills international partnerships will slow the pace of discovery and limit the ability of U.S. researchers to contribute to and benefit from worldwide advances in asthma and allergy science.

Conclusion

For the reasons described above, AAFA respectfully urges OMB to withdraw the proposed rule and to maintain a federal financial assistance framework that preserves expert peer review; ensures stable and predictable support for long-term public health and research programs; supports disparities and equity-focused research; and facilitates international collaboration.

We appreciate the opportunity to comment on this proposed rule and would welcome further discussion with OMB and partner agencies about how federal grant policy can best support rigorous, equitable, and impactful asthma and allergy research and programs.

Sincerely,

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America