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VIA ELECTRONIC SUBMISSION

July 13, 2026

Russell Vought
White House Office of Management and Budget
725 17th Street NW,
Washington, DC 20503

Docket No. OMB-2026-0034
Federal Register No. 2026-10817 (91 FR 32198)

RE: Regulation for Federal Financial Assistance

Dear Director Vought,

Thank you for the opportunity to provide comments on the White House Office of Management and Budget's (OMB) notice, *Regulation for Federal Financial Assistance* [OMB-2026-0034].

The Campaign for Tobacco-Free Kids (CTFK) works to reduce tobacco use and its deadly consequences in the United States and around the world and the Global Health Advocacy Incubator's (GHAI) Overdose Prevention Initiative works to identify and advance federal solutions that ensure individuals, families and communities affected by substance use disorders (SUDs) have access to the resources, treatment and support needed to reduce overdose deaths and achieve long-term recovery. Our comments reflect our organization's shared commitment to evidence-based policymaking, scientific integrity and effective stewardship of federal resources.

Federal assistance programs are most effective when funding decisions are guided by objective criteria, informed by scientific evidence and data and undergo independent peer review. Several provisions of the proposed rule could compromise those principles by increasing political discretion in grantmaking. In turn, this may limit the effectiveness of federal programs if resources no longer follow a data-driven approach to identify and support communities at greatest risk and may also deter organizations delivering critical public health services from participation.

Preserving the integrity of federal grantmaking is particularly important in addressing the overdose crisis, where progress depends on evidence-based interventions and sustained investment in effective programs.

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GHAI's Overdose Prevention Initiative focuses on expanding access to SUD treatment, supporting recovery and preventing overdose deaths, while CTFK focuses on reducing tobacco use and tobacco-related disease and death. Although our programs serve different public health fields, both depend on the same foundation of merit-based, peer-reviewed and congressionally directed federal grantmaking. Both organizations stand to be harmed by provisions in the proposed rule that shift funding decisions toward political discretion and away from scientific merit.

Specifically, we ask OMB to:

- Revise the final rule to ensure that scientific merit, objective evaluation criteria and peer review remain the primary basis for discretionary funding decisions.
- Clarify that political review cannot override congressional intent, established program requirements or evidence-based assessments of merit.
- Preserve meaningful opportunities for stakeholder input when implementing future changes that affect congressionally authorized programs.
- Ensure that federal agencies can continue to identify and serve communities at greatest risk.
- Protect award stability and continuity of care by preserving flexible funding mechanisms for community-based providers and limiting disruptions to ongoing health service programs.

We urge OMB to revise the proposed rule to preserve merit-based decision-making, uphold congressional intent and ensure that federal grantmaking remains grounded in evidence, effectiveness and statutory purpose.

Thank you for your consideration of these comments. Should you have any questions, please contact Daniel Diana, Research Manager, Overdose Prevention Initiative, at ddiana@advocacyincubator.org.

Sincerely,

Yolonda Richardson
President and CEO,
Campaign for Tobacco-Free Kids

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Background

The nation's response to two of its most pressing public health challenges, the overdose crisis and tobacco use, depends on coordinated action across Congress, federal agencies, researchers, health care providers and community organizations. In both fields, federal grants are the backbone of the country's prevention, treatment and surveillance infrastructure and in both fields, that infrastructure depends on funding decisions that are guided by scientific evidence, objective review and congressional intent.

Substance Use Care and Overdose Prevention

Federal grants support programs that prevent overdose deaths, expand access to SUD treatment, strengthen the behavioral health workforce, improve overdose surveillance and advance research on effective interventions.

The U.S. drug supply continues to evolve rapidly, and overdose risk is increasingly shaped by new and emerging substances. Sustained, evidence-based federal investment allows researchers, providers and public health agencies to track these shifts and to respond before they grow into larger health crises.

Tobacco Control

Similarly, accelerating declines in tobacco use and its deadly consequences requires coordinated action across key stakeholders, including federal agencies, states, researchers and community organizations. Federal grants related to tobacco support comprehensive tobacco control programs and cessation services in nearly every state and territory, surveillance efforts that help inform targeted interventions and timely research to address a wide range of tobacco control issues and the evolving tobacco product landscape.

Tobacco use is the leading preventable cause of death in the United States, responsible for nearly 500,000 deaths each year. While the United States has made enormous progress in reducing tobacco use, that use has become concentrated among certain population subgroups, making it critical to understand who is using which products and how we can effectively prevent more people from initiating and support cessation.

These investments are most effective when funding decisions are guided by scientific evidence, objective review processes and congressional intent. Several provisions in the proposed rule could shift federal grantmaking away from scientific merit and program effectiveness. For programs addressing addiction, overdose and tobacco use alike, preserving evidence-based decision-making

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is essential to ensuring federal resources support interventions that reduce tobacco use and improve outcomes for people with SUDs.

CTFK and GHAI's Response

Our organization identifies four areas in which the proposed rule would move federal grantmaking away from scientific merit and congressional intent: the role of peer review, the balance between executive discretion and congressional authority, the ability of agencies to identify and serve communities at greatest risk and the stability of awards that grantees rely on to sustain care.

Preserving Scientific Integrity and Peer Review [§ 200.205]

The proposed rule could weaken the role of scientific peer review in federal grantmaking. Specifically, the proposed changes to § 200.205 would require senior political appointees to conduct independent pre-issuance reviews of discretionary awards and specify that peer-review recommendations remain advisory. While agencies should retain appropriate oversight of federal funding decisions, scientific merit and objective evaluation criteria should remain the primary basis for awarding grants, particularly for research and public health programs.

Substance Use Care and Overdose Prevention

This concern is particularly significant for SUD treatment, recovery and overdose prevention programs. Researchers, providers and community organizations rely on federal funding to develop and evaluate innovations, improve treatment delivery and respond to evolving public health needs. These programs work best when agencies base funding decisions on scientific evidence, demonstrated effectiveness and expert review, rather than shifting political priorities.

Emerging threats in the U.S. drug supply evolve quickly and can be poorly understood. Dependable and consistent funding is necessary for scientists studying new substances, changing drug supply patterns, overdose trends and emerging harms. Making final funding determinations based on "alignment with agency priorities" rather than scientific merit jeopardizes the U.S.'s ability to create informed public health responses to emerging threats before they become widespread crises.

Tobacco Control

The concerns are also true for tobacco prevention and cessation programs. The current environment in tobacco control is a particularly critical one for ensuring decisions are based on scientific merit and free from political and tobacco industry interference. The tobacco product

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landscape has changed dramatically in recent years with hundreds, if not thousands, of products being introduced into the market, including e-cigarettes, nicotine pouches and heated tobacco, each with different characteristics, nicotine content and health risks. The complex nature of the tobacco product landscape requires ongoing scientific investigation to understand the products, including their short- and long-term health effects, the impact of tobacco product characteristics on dependence and use and how to effectively communicate about these products to the public.

Furthermore, evidence-based resources like U.S. Surgeon General reports and National Cancer Institute Monographs inform evidence-based policy and practice. The Centers for Disease Control and Prevention's (CDC) Best Practices for Comprehensive Tobacco Control Programs remains the definitive resource on how to plan and implement effective tobacco control programs to prevent and reduce tobacco use, and it helps ensure state tobacco control programs are using funds in the most effective ways. These important resources should continue to guide federal grantmaking and should not be replaced by the views of political appointees.

Recommendation: OMB should clarify that scientific merit, objective evaluation criteria and peer review remain the primary basis for discretionary funding decisions and that political review cannot supersede evidence-based assessments of merit.

Preserving Congressional Intent in Federal Grantmaking [§ 200.205]

The proposed rule raises concerns about the balance between congressional authority and executive implementation of federal assistance programs.

Congress establishes grant programs and appropriates funding for specific purposes. The proposed rule, however, would allow senior political appointees to consider broad and potentially subjective factors, such as whether an award advances presidential priorities or aligns with current administration policies. This approach could shift funding decisions away from the purposes Congress established when it created and funded these programs. It could also create uncertainty for applicants and recipients about whether statutory objectives will remain the primary basis for award selection.

The proposed rule also raises broader concerns about how future changes to federal grant programs will be implemented. It would increase OMB's ability to implement future government-wide changes without the agency-specific implementation processes that have historically provided opportunities for stakeholders to identify programmatic and operational impacts. For SUD treatment, recovery and overdose prevention programs, those opportunities are particularly

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important. Providers, researchers and community organizations are often the first to identify how administrative changes affect access to care, service delivery and program effectiveness. Preserving meaningful opportunities for public input helps ensure that federal programs remain responsive to evolving public health needs and continue to operate consistent with congressional intent.

Congress has repeatedly made bipartisan investments in tobacco control and prevention and legislation, such as the SUPPORT Act[1] and CARA[2], and through annual appropriations because these programs address urgent public health needs. Organizations receiving federal funds should be able to rely on statutory objectives, established review criteria and evidence-based assessments of need when developing programs and serving communities.

Recommendation: OMB should clarify that political review cannot override congressional intent, established program requirements or evidence-based assessments of merit.

Recommendation: OMB should also preserve meaningful opportunities for stakeholder input when implementing future changes that affect congressionally authorized programs.

Supporting Communities of Greatest Risk [§§ 200.300, 200.218 and 200.206]

To achieve the goals Congress establishes, federal programs must be able to identify and serve the communities most affected by tobacco use, SUDs and overdose.

CDC has documented disparities in mortality rates and treatment access across race, ethnicity and geography.[3] Researchers, public health agencies and providers use data to identify treatment gaps, emerging overdose trends, barriers to recovery and populations at elevated risk. They rely on this information to direct resources where they can have the greatest impact and ensure taxpayer dollars support effective interventions.

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[1] SUPPORT for Patients and Communities Reauthorization Act of 2025, Pub. L. No. 119-44, 139 Stat. 669 (2025). https://www.congress.gov/bill/119th-congress/house-bill/2483

[2] Comprehensive Addiction and Recovery Act of 2016, Pub. L. No. 114-198, 130 Stat. 695 (2016). https://www.congress.gov/bill/114th-congress/senate-bill/524

[3] Centers for Disease Control and Prevention (CDC). (2022, July). *Drug Overdose Deaths Rise, Disparities Widen: Differences Grew by Race, Ethnicity, and Other Factors*. Vital Signs. https://www.cdc.gov/vitalsigns/overdose-death-disparities/index.html

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Substance Use Care and Overdose Prevention

This approach is consistent with HHS's behavioral health priorities. In its *Roadmap for Behavioral Health Integration*[4], HHS recognizes the importance of using a data-driven approach to both identify and address the needs of underserved communities, including populations that face disproportionate barriers to accessing behavioral health services and achieving positive health outcomes.

Several provisions in the proposed rule could make this work more difficult. The proposed changes to § 200.218 could limit the analyses that help public health officials understand how overdose risk and treatment access vary across communities. Similarly, § 200.206 could create uncertainty for direct service providers that engage communities experiencing elevated overdose risk.

Tobacco Control

As noted previously, data shows that certain populations and regions of the country experience disproportionately high rates of tobacco use and tobacco-related disease and premature death. To address the high burden of tobacco use among certain populations, CDC supports a consortium of national organizations focused on tobacco- and cancer-related health disparities. This work is critical to addressing the needs of underserved communities and reaching populations most likely to initiate or engage in tobacco use with interventions and resources to prevent and reduce use. In addition, there continues to be an urgent need for research that informs how to better prevent tobacco use and increase cessation rates among disproportionately impacted populations. Results of this research will help us to pursue the programs and other interventions that are most effective in reducing tobacco use among those with the highest burden.

A successful response to the addiction crisis and high rates of tobacco use depends on understanding which communities are most susceptible to initiating and engaging in tobacco use risks and ensuring programs can reach them effectively.

Recommendation: OMB should clarify that agencies can continue to implement HHS behavioral health priorities, including identifying and addressing the needs of underserved communities as described in the HHS Roadmap for Behavioral Health Integration*; and that agencies do not exclude*

[4] Department of Health and Human Services (HHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE). (2022, September). *HHS Roadmap for Behavioral Health Integration*. https://aspe.hhs.gov/reports/hhs-roadmap-behavioral-health-integration

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otherwise qualified health service organizations based on activities unrelated to program performance or statutory objectives.

Protecting Award Stability and Grantee Capacity [§§ 200.340, 200.201 and 200.333]

The proposed rule would significantly expand agencies' authority to terminate awards midstream when they no longer align with current federal priorities under § 200.340. It would also permit fixed-amount awards only where authorized by statute and bar pass-through entities from making them under §§ 200.201 and 200.333. For community-based organizations, health systems and state agencies that administer tobacco control programs and SUD treatment, overdose prevention and recovery support programs, these provisions create serious and interconnected risks.

Many small providers receive funds as subrecipients through states and block grant intermediaries. Barring pass-through entities from using fixed-amount subawards would effectively disqualify capable, direct service providers from this funding.

Substance Use Care and Overdose Prevention

Expanding termination authority without meaningful transition protections would leave patients and program participants without continuity of care. This risk is especially acute for individuals engaged in medications for opioid use disorder (MOUD) or other ongoing treatment protocols, for whom interruptions in care can have serious clinical consequences.

Tobacco Control

Many smaller nonprofits serving people who use tobacco products or drugs operate on fixed-amount awards because they lack the administrative infrastructure needed for complex cost-reimbursement accounting.

Recommendation: OMB should preserve fixed-amount award instruments for community-based organizations and establish a minimum transition period for any termination of health service grants, consistent with patient safety and continuity of care obligations.

Conclusion

The nation's progress in addressing the overdose crisis and tobacco use and related morbidity and mortality depends on federal investments guided by scientific evidence, objective review processes and congressional intent. Several provisions in the proposed rule would weaken the role of peer review, expand political discretion in grantmaking, create uncertainty for

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organizations serving communities at greatest risk and threaten the stability of tobacco control and treatment, recovery and overdose prevention programs.

Congress has made sustained bipartisan investments in behavioral health research, tobacco prevention and control, SUD treatment, recovery and overdose prevention because these programs address urgent public health needs. Organizations receiving federal funding should be able to rely on transparent review processes, clearly defined program requirements and evidence-based assessments of merit.

Recent reductions in overdose deaths are encouraging, but the nation remains in the midst of an overdose crisis. Likewise, tobacco use rates have declined substantially but remain far too high. Sustaining progress will require continued support for the programs, providers and community organizations that have helped drive these gains. We urge OMB to revise the rule to ensure that merit, evidence and statutory purpose remain the foundation of federal grantmaking.

We appreciate your consideration of these comments.