C+TAC
COALITION TO TRANSFORM ADVANCED CARE

July 13, 2026

Office of Management and Budget

Re: Proposed Rule on Federal Financial Assistance / 2 CFR Part 200

Submitted electronically via www.regulations.gov

To Whom It May Concern,

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on this proposed rule regarding its effect on those living with serious illness and their family caregivers.

While the proposal is presented as an effort to improve transparency, accountability, oversight, and efficiency in Federal grantmaking, several provisions raise serious concerns for patients, caregivers, healthcare providers, researchers, and community-based organizations that rely on stable, evidence-based federal investment to improve care.

People with serious illness depend on a continuum of services supported directly or indirectly through federal financial assistance, including research, workforce development, care coordination, public health programs, and community-based services. For that reason, changes to government-wide grant rules can have real downstream consequences for access to palliative care, caregiver support, and other services that help people with serious illness live with dignity and avoid unnecessary suffering.

First, the proposed revisions to program planning and design would require federal programs to align not only with statutory purpose but also with administration policies and priorities. That approach risks displacing durable, expert, and evidence-based judgments with politically directed decision-making that may shift from one administration to another, creating instability for grantees and the populations they serve. Federal financial assistance policy should protect the integrity of scientific, programmatic, and public health expertise, especially where vulnerable populations depend on long-term investments and continuity of care.

Second, the proposal's discussion of research and development awards raises concern that new eligibility limits and national-interest framing could narrow research participation and reduce support for scientific inquiry that is essential to advancing medical care. C-TAC is particularly concerned that this framework could contribute to cuts or constraints affecting NIH and other federally supported research that drive progress in symptom management, dementia care, caregiver interventions, health equity, and care models for people with complex needs. People with serious illness and their families benefit when funding decisions are guided by scientific

merit, patient need, and expert review; they are harmed when research priorities are distorted by ideology or short-term political considerations.

Third, the proposal would clarify and reinforce federal authority to terminate discretionary awards for discretionary reasons in a manner consistent with law. For organizations serving people with serious illness, broader termination authority can create substantial uncertainty, discourage innovation, and destabilize community partnerships, workforce planning, and multi-year efforts to build more person-centered systems of care. The patients and caregivers C-TAC represents are poorly served by funding structures that can be altered or withdrawn abruptly without clear, consistently applied safeguards.

Finally, although the rule states that it seeks to reduce recipient burden, some proposed changes may instead increase administrative complexity and redirect resources away from direct service and patient support. Community-based organizations, healthcare provider groups, and research institutions serving people with serious illness often operate with limited administrative capacity, and additional compliance burdens can reduce their ability to deliver high-quality care, test innovative models, and support family caregivers.

For these reasons, C-TAC urges OMB to revise the proposed rule to preserve the role of expert and evidence-based decision-making, protect the independence and continuity of scientific research funding, narrow discretionary authorities that could destabilize essential services, and ensure that any changes to grant oversight do not undermine care for people with serious illness and their families. At a minimum, OMB should adopt safeguards requiring transparent criteria, patient-impact analysis, and meaningful consideration of effects on vulnerable populations before implementing funding restrictions, terminations, or research eligibility limitations under the final rule.

Thank you for the opportunity to comment on this proposed rule and for considering the needs of people with serious illness and the family caregivers who support them every day. If you have any questions, please contact me at mgrant@thectac.org.

Sincerely,

Marian Grant

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