July 13, 2026

Office of Federal Financial Management
U.S. Office of Management and Budget
Attention: OMB-2026-0034

Submitted electronically

Re: OMB-2026-0034
Regulation for Federal Financial Assistance

The undersigned represent a coalition of 30 sexual and reproductive health, rights, and justice organizations, and allies. We advocate for equitable access to abortion and the full range of sexual and reproductive health care across the United States. Collectively, we have deep expertise in the harm of abortion restrictions, including federal funding abortion restrictions, and other attacks on bodily autonomy that exacerbate an already dire reproductive health care landscape impacting communities across the country. As such, we write in strong opposition to the Office of Management and Budget's (OMB)[1] Notice of Proposed Rulemaking (Proposed Rule) titled "Regulation for Federal Financial Assistance" (OMB-2026-0034-0001), which aims to enact sweeping changes to the OMB Uniform Guidance (Part 200 of Title 2 of the U.S. Code of Federal Regulations) and fundamentally restructure how the government handles grants, cooperative agreements, and other federal financial assistance. In particular, we are gravely concerned about Section 200.477 of the Proposed Rule, which suggests making significant policy changes with regard to abortion access without congressional authorization, uses ambiguous language that hampers fair notice, and neglects to consider the harms it could cause, including further stigmatization and politicization of basic health care. For these reasons, we recommend that Section 200.477 specifically and the Proposed Rule in full be withdrawn.

If finalized, Section 200.477 would wield federal grant-making as a weapon to enforce the Trump administration's anti-abortion ideology. The Proposed Rule tries to force this ideology upon a wide array of grant stakeholders who are not currently subject to abortion restrictions, including scientists and researchers, states and local governments, non-profit organizations, and other recipients of federal financial assistance. The Proposed Rule lacks congressional authorization to make these changes.

Not only is this proposal unlawful, but it would also be extremely harmful. The U.S. has a reproductive health care crisis worsened by the *Dobbs v. Jackson Women's Health Organization* decision, which overturned the constitutional right to abortion.[2] That decision has

[1] While this comment primarily refers to OMB for brevity, these references encompass all 42 agencies jointly proposing this rule. *See e.g.* 91 FR 32198, https://www.federalregister.gov/d/2026-10817/page-32198.
[2] *Dobbs v. Jackson Women's Health Organization*, 142 S.Ct.2228, 2242 (2022); Kate Zernike, Medical Impact of Roe Reversal Goes Well Beyond Abortion Clinics, Doctors Say, N.Y. TIMES (Sept. 10, 2022), https://www.nytimes. com/2022/09/10/us/abortion-bans-medical-care-women.html ("Several high-profile cases of women denied abortion care have captured headlines and set doctors on edge. But doctors say these extreme cases are not isolated; hospitals are routinely refusing or delaying care.")

forced many pregnant people to navigate varying state laws to access essential health care, often facing life-threatening complications and incurring significant financial burdens in the process. Section 200.477 threatens to exacerbate this crisis by attempting, unlawfully, to expand restrictions on federal funding for abortion care. Abortion bans deny individuals essential care. Restrictions on federal funding for abortion in particular exacerbate disparities in health outcomes, economic stability, and social equity. This creates a two-tier system where access to reproductive health care is determined by economic status or whether a person seeks care through a federal program. Denying a wanted abortion not only violates a person's basic human rights, but increases the likelihood of a woman and her children living in poverty[3] and becoming victims of intimate partner violence.[4] This Proposed Rule threatens to further entrench disparities and restrict access to vital reproductive health care.

I. OMB Does Not Have Authority to Promulgate or Enforce Section 200.477's Proposed Abortion Restrictions Across All Federal Grant Programs.

In an attempt to justify its clear lack of authority to promulgate Section 200.477, OMB has disingenuously put forth a patchwork of materials, including Executive Order 14182, issued in January 2025 by this administration,[5] and general housekeeping powers that OMB relies on when making budgetary recommendations.[6] However, none of these sources, whether considered individually or collectively, grant OMB the authority to enact substantive policy changes.

a. *Executive Order 14182 does not grant OMB authority to promulgate § 200.477.*

The Proposed Rule asserts that it will "promote[] uniform application of existing statutory funding restrictions" on abortion "consistent with Executive Order 14182," yet there is no uniform statutory funding restriction on abortion across all federal programs. This rationale is fundamentally misleading and undermines a core principle of our constitution and democratic system: that Congress legislates and the President executes. An executive order cannot confer rulemaking authority upon a federal agency—only a statute can.[7] The application of the Hyde Amendment to any federal funding awards—let alone *all* federal funding awards, without end

---

[3] Sarah Miller et al., *The Economic Consequences of Being Denied an Abortion*, NAT'L BUREAU OF ECON. RSCH., Working Paper No. 26662 (Jan. 2020), https://www.researchgate.net/publication/328607095_Effects_of_Carrying_an_Unwanted_Pregnancy_to_Term_on_Women's_Existing_Children.

[4] *See, e.g.,* Sarah C.M. Roberts et al., Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion, 12 bmc med.144 (2014), https://link.springer.com/article/10.1186/s12916-014-0144-z.

[5] Proposed rule reference to EO: 91 FR 32232; https://www.federalregister.gov/d/2026-10817/p-390.

[6] Under the first cited statute, OMB may "[p]rovide overall direction and leadership to the executive branch on financial management matters by establishing financial management policies and requirements." 31 U.S.C. § 503(a)(2). Federal courts have held that this provision permits OMB to issue "oversight," but not "directly active," *Nat'l Council of Nonprofits v. Off. Of Mgmt. & Budget*, 775 F. Supp. 3d 100, 126 (D.D.C. 2025); *see also Am. Fed. of Gov't Employees v. Trump*, 139 F.4th 1020, 1037 (9th Cir. 2025) (noting that the government "concede[d] that OMB has "only supervisory authority over other federal agencies" and therefore concluding that OMB's actions directing other federal agencies to engage in restructuring and large-scale RIFs were *ultra vires*). The second cited statute authorizes OMB to issue guidelines "to promote consistent and efficient use of grant agreements,"31 U.S.C. § 6307(1), Congress was "referring to procedural rather than substantive" guidelines for federal grants, see *Building & Const. Trades Dept., AFL-CIO v. Allbaugh*, 172 F. Supp. 2d 138, 162 (D.D.C. 2001), *judgment rev'd on other grounds in* 295 F.3d 28 (D.C. Cir. 2002).

[7] *See, e.g.*, *Martin Luther King Jr. Cnty. v. Turner*, 798 F. Supp. 3d 1224, 1248 (W.D. Wash. 2025) (enjoining funding conditions that federal agency imposed relying on Executive Order 14182, among others).

date—is a decision reserved for Congress. OMB's reliance on Executive Order 14182 is *ultra vires*.[8]

b. *The Hyde Amendment Does Not Authorize Section 200.477.*

The Hyde Amendment is a budget rider that Congress has included in various forms in the yearly appropriations acts for the Departments of Labor, Health and Human Services, and Education, and related agencies ("L-HHS-Ed") since 1976.[9] Since it was first enacted, Congress has deliberated on appropriations annually and has consistently chosen *not to* apply the Hyde Amendment uniformly across all federal funding streams or agencies. This is evidenced by the most recently enacted version of the Hyde Amendment, which--like all prior years' versions – is limited in the scope of agencies it applies to and what it restricts.[10] The Hyde Amendment does not authorize any restrictions on abortion funding beyond that limited scope.

Moreover, annual appropriations riders like the Hyde Amendment are temporary, session-specific legislative enactments. By the express terms of the Appropriations Act, riders like the Hyde Amendment are time limited. The current Hyde Amendment is applicable through the fiscal year ending September 30, 2026, only.[11] Nonetheless, Section 200.477 seeks to use an appropriations rider that will expire on September 30, 2026, in a rule set to take effect on October 1, 2026. 91 Fed. Reg. 32,198, 32,235 (May 29, 2026), without pointing to any authority for the policy it seeks to enact. This is an attempt to use an expired law as authority for a requirement for "government-wide … Federal awards made and amended during fiscal year 2027" and all years thereafter. *Id.* On its face, Section 200.477 is contrary to Congress's deliberate appropriations decisions and seeks to impose this incongruent new policy to fiscal years for which Congress has not yet appropriated. OMB does not have the authority to tie Congress's hands with regard to appropriations.[12]

c. *OMB's "Housekeeping" Statutes Do Not Authorize Section 200.477.*

Section 200.477 purports to make "costs associated with elective abortions" an unallowable

[8] The sweeping scope of Section 200.477 implicates the major questions doctrine, which requires clear congressional authorization before an agency can make decisions of vast economic and political significance, as "Congress intends to make major policy decisions itself, not leave those decisions to agencies," *West Virginia v. Environmental Protection Agency,* 597 U.S. 697, 716, 723 (2022) (citing *United States Telecom Assn. v. FCC*, 855 F.3d 381, 419 (CADC 2017)).

[9] Additional "Hyde-like" provisions are included within the appropriations for federal employee health benefits (Pub. L. No. 119-75, § 613, 140 Stat. 487), the District of Columbia (Pub. L. No. 119-75, § 810, 140 Stat. 510), the Department of Defense (10 U.S.C. § 1093), foreign assistance programs (22 U.S.C. §2151b(f)), and the Indian Health Service (25 U.S.C. §1676); *see also* Alina Salganicoff et al., *The Hyde Amendment and Coverage for Abortion Services Under Medicaid in the Post-Roe Era* (Mar. 14, 2024), https://www.kff.org/womens-health-policy/the-hyde-amendment-and-coverage-for-abortion-services-under-medicaid-in-the-post-roe-era.

[10] Hyde-like restrictions currently apply to other federal funding streams, including the Indian Health Service, Medicare, Medicaid, and the Children's Health Insurance Program, and has also been separately incorporated into other federal programs, including the TRICARE program and federal prison. 10 U.S.C § 1093; Public Law 116-93, 133 Stat. 2412 ("None of the funds appropriated by this title shall be available to pay for an abortion, except where the life of the mother would be endangered if the fetus were carried to term, or in the case of rape or incest").

[11] *See* Pub. L. No. 119-75, § 5, 140 Stat. 174 (2026) ("Sec. 5 Statement of Appropriations: The following sums in this Act are appropriated, out of any money in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2026.").

[12] Absent congressional authorization, the administration may not redistribute or withhold properly appropriated funds in order to effectuate its own policy goals, *City & County of San Francisco*, 897 F.3d at 1235; *see also PFLAG, Inc. v. Trump*, 769 F. Supp. 3d 405, 439 (D. Md. 2025) (finding that the Executive Branch has a duty to align federal spending and action with the will of the people as expressed through congressional appropriations, not through Presidential priorities).

selected item of cost under Federal awards with the purported goal of "promot[ing] uniform application of existing statutory funding restrictions across Federal financial assistance programs while maintaining consistency with governing Federal law."[13] "Costs associated with" is not language found anywhere in the Hyde Amendment or other relevant Congressional language. Nor are all "Federal financial assistance programs" subject to the Hyde Amendment. Congress has not granted substantive rulemaking authority to OMB in general, nor specifically as to the Hyde Amendment, let alone authorized a vague and sweeping proposal like Section 200.477. OMB's invocation of general housekeeping powers is insufficient authorization to enact substantive policy changes and, as discussed above, violates fundamental governmental functions with regard to separation of powers. Any regulatory actions taken by OMB must operate within the limits conferred by Congress, which prohibits agencies from conferring power upon themselves.[14]

d. *Section 200.477 Is Vague and Ambiguous, Failing to Provide Adequate Notice or Clear Implementation Criteria.*

The vagueness of Section 200.477 undermines OMB's purported rationale to "promote[] uniform application of existing statutory funding restrictions." The ambiguous and new undefined language of the proposed rule is in fact more likely to lead to inconsistent and varied implementation across federal agencies and grantees. Neither of Section 200.477's two newly concocted operative phrases—"costs associated with" and "elective abortions" are defined in the proposed rule, in the executive order that OMB looks to for authority to promulgate the Proposed Rule, or in the Hyde Amendment, the underlying statute to which the executive order refers. It is unclear precisely what OMB intends to restrict, which both deprives the public of a meaningful opportunity to comment and will likely lead to inconsistent implementation of the rule across agencies, leading to chaos and confusion, which is contrary to the proposed rule's stated goal. For some programs–such as the Title X Family Planning Program–there are clearly-defined, program-specific statutory, regulatory, and policy requirements governing the use of funds for abortion-related activities.[15] Neither OMB nor HHS provides guidance for Title X grantees to reconcile potential confusion, frustrating the ability of grantees to carry out such federal grant programs essential to communities' health.

If the Proposed Rule is finalized, funding recipients will be faced with implementing confusing and vague regulatory language. Each agency will likely interpret and apply the language in its own way, resulting in inconsistent, haphazard implementation, leading to the exact opposite result of what OMB is asserting as the goal. Agencies will also have to waste time and resources on additional education and training that may have no direct impact on their day-to-day work. Federal grantmaking is already complicated and overly bureaucratic; the Proposed

[13] 91 Fed. Reg. 32,198, 32,232 (May 29, 2026).
[14] 91 FR 32200; https://www.federalregister.gov/d/2026-10817/p-36, (citing to 31 U.S.C. 503(a)(2); https://www.govinfo.gov/content/pkg/USCODE-2024-title31/pdf/USCODE-2024-title31-subtitleI-chap5-subchapI-sec503.pdf)
[15] *See* 42 U.S.C. § 300a-6; 42 C.F.R. 59 *et seq.*; Department of Health & Human Services, Office of the Assistant Secretary for Health, Title X Program Handbook (Dec. 2024), *available at* https://opa.hhs.gov/sites/default/files/2025-03/title-x-program-handbook-dec-2024.pdf.

Rule will only increase these administrative burdens.

II. The Proposed Rule is not reasonably explained by underlying facts and data and would ultimately cause harm.

The Proposed Rule does not address the underlying data demonstrating that restrictions on abortion care lead to exacerbated social disparities. After almost fifty years of the Hyde Amendment, countless reports and research reveal that barriers to abortion care disproportionately impact low-income communities and communities of color.[16] Moreover, medical organizations like the American College of Obstetricians and Gynecologists (ACOG) recognize that abortion restrictions only compound the economic and societal disparities that communities of color and low income communities already face.[17] The most recent data on demand for abortion care in the United States indicates that individuals across the country need greater access to care, not less. As affirmed by the Society for Maternal-Fetal Medicine, restrictions on abortion care lead to increased delays and more adverse health outcomes.[18]

Federal funding restrictions on abortion historically and continuously harm those already at the margins and further push care out of reach. Decades of research on the Hyde Amendment shows that it functions as a de facto abortion ban for many Medicaid enrollees. Federal funding restrictions on abortion access have a disparate impact on Black, Indigenous, and other people of color, people with disabilities, LGTBQ individuals, and young people, who–as a result of intersectional systems of oppression–are more likely to receive coverage or care through Medicaid and other federally funded programs.[19] When people are forced to pay out-of-pocket for abortion care, the average costs range from $500 to well over $1000.[20] These types of unexpected costs are catastrophic for people with low-incomes.[21] In fact, a systematic review of the literature concluded that a quarter of Medicaid-eligible women are forced to continue an unintended pregnancy to term due to financial constraints.[22] Studies on the impact of being denied an abortion leave no question that people who are unable to obtain care have poorer health outcomes and experience increased financial insecurity.[23]

The Proposed Rule's failure to meaningfully engage with the weight of credible data,

---

[16] *The Hyde Amendment: A Discriminatory Ban on Insurance Coverage of Abortion*, GUTTMACHER INST. (May 2021), https://www.guttmacher.org/fact-sheet/hyde-amendment.
[17] *Abortion Access Fact Sheet*, AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, https://www.acog.org/advocacy/abortion-is-essential/come-prepared/abortion-access-fact-sheet (last visited June 29, 2026).
[18] Lauren Forbes, et al., *Society for Maternal-Fetal Medicine Position Statement: Access to Abortion Care, SOC'Y FOR MATERNAL-FETAL MED.* (Apr. 2024), *https://www.ajog.org/action/showPdf?pii=S0002-9378%2824%2900511-8.*
[19] *See* Guttmacher Institute*, New Study Underscores Critical Role State Medicaid Coverage Has in Improving Reproductive Health Outcomes* (2024), https://www.guttmacher.org/news-release/2024/new-study-underscores-critical-role-state-medicaid-coverage-has-improving; *See also* Liza Fuentes, Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides, Guttmacher Institute (2023), https://www.guttmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-roe-deepening-existing-divides
[20] *See* Ushma Upadhyay et al., *Trends in Self-Pay Charges and Insurance Acceptance for Abortion in the United States, 2017–20*, 41 HEALTH AFF. 4 (2022), https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01528.
[21] *See* Carmela Zuniga et al., *Abortion as a Catastrophic Health Expenditure in the United States*, 30 WOMEN'S HEALTH ISSUES 416 (2020), 416-425. https://www.sciencedirect.com/science/article/abs/pii/ S1049386720300669.
[22] Diana Greene Foster et al., *Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children*, J. PEDS. (2019), https://www.jpeds.com/article/S0022-3476(18)31297-6/fulltext; Stanley K. Henshaw et al., *Restrictions on Medicaid Funding for Abortions: A Literature Review,* GUTTMACHER INST. (2009), https://www.guttmacher.org/sites/default/files/pdfs/pubs/MedicaidLitReview.pdf.
[23]ANSIRH, Introduction to the Turnaway Study (Dec. 2022), https://www.ansirh.org/sites/default/files/2026-04/COMPLIANT_turnawaystudyannotatedbibliography%201.23.26%20%281%29.pdf.

which supports abortion as being safe and in the best interest of those who want it, runs contrary to the evidence before OMB and is therefore arbitrary and capricious. The Proposed Rule is better understood as a political tool designed to advance an anti-abortion agenda, which is beyond the agencies' authority. OMB is led by Russell Vought, a zealous anti-abortion extremist.[24] He is ultimately responsible for all OMB actions, including this Proposed Rule. He was also a co-author of Project 2025 and has stated that "[d]efending life is the most important issue to [him]."[25] Vought is on the record saying that he feels "empowered to push pro-life policies" and has done so by gutting reproductive health programs across the government, often illegally.[26] With this context, it is difficult to see this Proposed Rule as anything other than an attempt to further restrict access to abortion through an abuse of power.

OMB cannot limit federal grantmaking beyond what Congress has authorized. Yet the Proposed Rule attempts to give OMB the power to terminate grants based on policy preferences of the OMB director, not language that Congress enacted. OMB claims the authority to grant itself the power to cancel grants from the Chief Financial Officers Act (CFO Act), but courts have found that the CFO Act does not give OMB "the power to halt all finances, full-stop, on a moment's notice."[27] Congress' role in appropriating funds and directing their purpose may not be substituted by a political appointee's ideological agenda.

This Proposed Rule is a calculated and strategic attempt by the executive branch to take power from the legislature to impose an agenda that Congress has not authorized. No such behavior is permitted under the U.S. Constitution and lawmaking process, and the Proposed Rule must be withdrawn.

III. Conclusion

As organizations dedicated to ensuring access to the full range of sexual and reproductive health care we are deeply concerned with and oppose the current proposed rule. OMB states its objectives in its provisions are to: 1) improve transparency, accountability, and oversight, 2) clarify the status of 2 CFR regulatory text as an OMB regulation, and 3) reduce recipient burden. The proposed rule fails in all three objectives and would actually do the opposite. Its provisions are vague and exceed OMB's authority. OMB's proposed rule would burden applicants, recipients, and subrecipients of federal grants with ambiguous, unreasonable provisions. This

[24] Ctr. for Reprod. Rts., *Russell Vought*, https://reproductiverights.org/agency-watch/russell-vought/.
[25] *Id*.
[26] *Id*; *see* Memorandum from Matthew J. Vaeth, Acting Dir., Off. of Mgmt. & Budget, to Heads of Exec. Dep'ts & Agencies, *Temporary Pause of Agency Grant, Loan, and Other Financial Assistance Programs* (Jan. 27, 2025), https://www.politico.com/f/?id=00000194-ae0c-dd75-adfc-af8f40e50000 (ordering a total freeze on "all federal financial assistance" which would impact programs essential to promoting maternal and child health, including the Special Supplemental Nutritional Program for Women, Infant, and Children (WIC), as well as Title X grant recipients providing vital family planning services); *see also White House Attempts to Freeze All Federal Grant and Loan Programs*, Ctr. for Reprod. Rts. (Jan. 28, 2025), https://reproductiverights.org/news/white-house-attempts-to-freeze-all-federal-grant-and-loan-programs/ ("a federal judge temporarily paused the directive in an emergency order on January 28."); Center for Reproductive Rights, The Trump Administration Continues Layoffs to Critical Reproductive Health and Family Planning Offices (Oct. 10, 2025), https://reproductiverights.org/news/the-trump-administration-continues-layoffs-to-critical-reproductive-health-and-family-planning-offices/.
[27] *See* Woonasquatucket River Watershed Council v. U.S. Department of Agriculture, 778 F.Supp.3d 440, 473 (D. R.I. 2025) (noting that "[e]stablishing financial management policies [does] not . . . confer the power to halt all funding . . . full-stop, on a moment's notice and to create a new pre-clearance regime centered around OMB."); see also National Council of Nonprofits v. Office of Management and Budget, 775 F.Supp.3d 100 (D.D.C. 2025).

attempt to promulgate rulemaking without authority is deeply harmful, unlawful, and threatens to upend the federal grantmaking process.

Access to abortion and the full range of sexual and reproductive health care is paramount. This proposed rule would weaponize the federal grantmaking process. For these reasons, and more, we strongly oppose the proposed rule and recommend it be rescinded in its entirety.

Signed,

Abortion Forward
ACCESS REPRODUCTIVE JUSTICE
All* Above All
American Humanist Association
American Nurses Association\California
Arkansas Black Gay Men's Forum
California LGBTQ Health and Human Services Network
California Women's Law Center
Guttmacher Institute
Ibis Reproductive Health
If/When/How: Lawyering for Reproductive Justice
Jacobs Institute of Women's Health
Justice + Joy National Collaborative
Just Solutions
National Abortion Federation
National Asian Pacific American Women's Forum
National Council of Jewish Women
National Health Law Program
National Latina Institute for Reproductive Justice
National Network of Abortion Funds
National Organization for Women
National Partnership for Women & Families
National Women's Law Center
National Women's Political Caucus
Physicians for Reproductive Health
Planned Parenthood Federation of America
Power to Decide
Reproductive Freedom For All
Reproductive Health Access Project
UCSF Bixby Center for Global Reproductive Health