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LEONARD DAVIS INSTITUTE of HEALTH ECONOMICS

Public Comment on OMB Proposed Federal Financial Assistance Rule (OMB-2026-0034)

I am a faculty member and physician researcher at the University of Pennsylvania whose research has been supported by the National Cancer Institute for over 20 years. My work focuses on removing barriers to cancer screening and implementing community-based programs that bring evidence-based screening and prevention directly to under-screened and under-served populations. Through the Abramson Cancer Center, I lead and collaborate with communities on initiatives that serve a catchment area of more than 8 million people across Pennsylvania, New Jersey, and Delaware, with a particular focus on populations that experience mortality disparities in cancer outcomes.

I am particularly concerned about several provisions in this proposed rule, including §200.300 (DEI and gender ideology prohibitions), §200.218 (disparate-impact research banned), §200.220 (foreign collaboration prohibition), §200.202 (programs must align with administration priorities), §200.461 (publication costs now unallowable), and §200.205 (political appointee review of grants). Taken together, these provisions would substantially alter how federally funded research is proposed, conducted, disseminated, and evaluated. For example, §200.218 appears to restrict research aimed at identifying and addressing disparities, which is core to much of cancer prevention science. §200.300 may limit programs designed to reach populations experiencing inequities in access to care. §200.461 would prevent the use of grant funds for publishing results, impeding dissemination of federally funded science. §200.205 introduces political review into what has historically been a peer-reviewed scientific funding process. §200.220 would limit collaboration with international partners, which is often essential for large-scale, multi-site research. §200.202 could constrain scientific innovation by requiring alignment with shifting administrative priorities rather than established public health needs and evidence-based research agendas.

These provisions would have immediate and concrete harms to my own work, my collaborators, my institution, and, most importantly, the communities we serve. My research is focused on reducing barriers to cancer screening and implementing programs that decentralize screening by delivering services directly in communities, including through partnerships with trusted local organizations. These efforts are specifically designed to reach populations that experience disparities in cancer screening uptake and cancer outcomes. Limiting research on disparate impact (§200.218) and restricting programs that explicitly address inequities (§200.300) would undermine the very approaches that have been shown to increase screening rates and reduce late-stage diagnoses. In our catchment area of more than 8 million people, these changes would directly affect access to life-saving screening for colorectal, breast, cervical, prostate and other cancers. The result would likely be fewer people screened, more cancers diagnosed at later stages, higher mortality, and widening disparities. In addition, restricting publication costs (§200.461) would delay or prevent dissemination of findings that inform clinical practice and public health programs nationwide. Constraints on international collaboration (§200.220) would disrupt ongoing studies and limit the ability to learn

from and contribute to global cancer control efforts. Introducing political review of grants (§200.205) and requiring alignment with administration priorities (§200.202) risks undermining the integrity of the scientific process and could discourage innovation in areas not prioritized at a given moment in time. Importantly, cancer screening is widely recognized as cost-effective, whereas the treatment of late-stage cancer is substantially more expensive. Reducing screening will ultimately increase costs to the federal government and the American people while resulting in preventable suffering and loss of life.

For these reasons, I respectfully urge OMB not to finalize these provisions and to withdraw the elements of the proposed rule that restrict disparities research, limit dissemination of findings, constrain collaboration, and introduce political considerations into scientific funding decisions. These changes would set back decades of progress in cancer prevention and control and would harm the communities most in need of evidence-based interventions.