



COALITION ON HUMAN NEEDS

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The Honorable Robert F. Kennedy, Jr.

Office of the Secretary

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

**Re: Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA);
Interpretation of “Federal Public Benefit,” RIN: 0991-ZA57**

Dear Secretary Kennedy:

The Coalition on Human Needs (CHN) strongly opposes the Department of Health and Human Services’ (HHS) decision to abandon nearly three decades of established interpretation under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). CHN is an alliance of national organizations representing human service providers, faith, labor, and civil rights groups, policy experts and other advocates dedicated to meeting the needs of low-income and vulnerable people through federal policies and programs. CHN has ties to thousands of organizations nationwide that serve and/or advocate for people in need of health care, education, and other services.

The new guidance, issued July 14, 2025, marks a major break from precedent, affecting more than \$27 billion in federal programs that serve millions in need. It expands the list of federally funded health, education, and social service programs that must now restrict access by immigration status—turning early learning centers, community health centers, and mental health and addiction treatment programs into immigration checkpoints.

CHN opposes the designation of the following programs as federal public benefits under PRWORA, as listed in the HHS notice: Certified Community Behavioral Health Clinics, Community Mental Health Services Block Grant, Community Services Block Grant, Health Center Program, Health Workforce Programs, Mental Health and Substance Use Disorder Treatment, Prevention, and Recovery Support Services Programs, Projects for Assistance in Transition from Homelessness Grant Program, Substance Use Prevention, Treatment and Recovery Services Block Grant, Title IV-E Educational and Training Voucher Program, Title IV-E Kinship Guardianship Assistance Program, Title IV-E Prevention Services Program, and Title X Family Planning Program. We are concerned that the notice leaves open the possibility that still more programs might be specified as federal public benefits.

This change will strip millions of immigrants—including many lawfully present but excluded from the statute’s narrow “qualified immigrant” definition—of access to essential HHS-funded programs. The harm will extend far beyond those directly denied services, imposing costly new administrative

burdens on state and local governments, straining providers, and sowing uncertainty for the children and families who rely on these programs. By newly restricting access to Head Start, Title X Family Planning, and the Health Center Program, HHS is undermining public health, eroding community trust, harming children, and diverting scarce resources away from care and toward bureaucracy.

For the Coalition on Human Needs, this issue strikes at the heart of our mission. For over four decades, we have fought to protect access to health care, early education, housing, nutrition, and other safety net programs. Many of the programs targeted by this policy change are central to that mission, and their restriction threatens the well-being and economic stability of the very individuals and communities we exist to serve.

Verification Requirements Would Harm Families and Communities

Immigrant families already navigate a system riddled with barriers. Under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), millions of non-qualified immigrants are categorically excluded from vital federal benefits—including full-scope Medicaid, Medicare, Temporary Assistance for Needy Families (TANF), and other essential anti-poverty programs. Even qualified immigrants, such as lawful permanent residents just one step away from U.S. citizenship, often face a five-year waiting period before they can access these supports. These exclusions not only harm those directly barred from assistance but also deter mixed-status families from seeking services altogether, for fear of jeopardizing their safety or immigration status.

The new guidance compounds these inequities by expanding restrictions to programs such as community health centers, Title X family planning, child welfare and kinship care assistance, substance use prevention and treatment, mental health services, the Community Services Block Grant, and Head Start early childhood education. Alarming, HHS makes clear that this list is not exhaustive—leaving the door open for even more programs to be curtailed in the future.

Head Start is a vivid example of what's at stake. For decades, it has served children experiencing homelessness, foster care, domestic violence, and deep poverty—providing stability, school readiness, and the tools for lifelong success. Under this reinterpretation, even U.S. citizen children could be denied access simply because their parents are not “qualified immigrants.” For these children, losing Head Start means more than missing preschool—it means losing a crucial foundation for academic achievement, social-emotional development, and economic opportunity. Parents would also lose access to parenting education and essential health services that strengthen families. In many cases, a single missing document could alter the trajectory of a child's life for years to come.

The targeted programs are pillars of healthy, resilient communities. Community health centers provide affordable primary and preventive care, reducing the need for costly emergency interventions. Title X enables individuals to plan if and when to have children, resulting in healthier pregnancies, improved maternal and infant health, and greater economic stability. Child welfare programs protect children from abuse and neglect, preventing trauma and reducing foster care costs. Mental health and substance use treatment programs help people recover, rejoin the workforce, and contribute to their communities—services whose absence can lead to preventable hospitalizations, incarceration, and loss of life.

Imposing immigration verification requirements on these programs will exacerbate harm. The notice does not specify how verification of eligibility would be done, and recognizes that under PRWORA, nonprofit service provider organizations cannot be forced to verify eligibility. But it seems likely that local providers would need to overhaul enrollment systems, train staff on complex verification procedures, and manage sensitive documentation—without any additional resources from HHS. Time and funding would be diverted away from direct services and into bureaucratic compliance. Low-income families, already burdened by paperwork, time poverty, and shrinking resources due to federal disinvestment, would face even greater barriers to accessing help.

Through our work with state partners, the Coalition on Human Needs continues to hear disturbing accounts of immigrants avoiding medical care, food assistance, and shelter—driven by fear of deportation or confusion about eligibility. Pregnant women are foregoing hospital births out of fear. These are not isolated incidents; they are symptoms of a systemic crisis. Policies that block access to essential services erode trust, force families deeper into hardship, and weaken the health and stability of entire communities.

Denying access to basic health benefits and services for children to people living in our communities is short-sighted and harmful. When people cannot get access to health care, mental health, substance use, and domestic violence survivor services, their conditions are likely to worsen, with mounting costs the whole community will bear. When children are denied the opportunity to benefit from Head Start, they will be less likely to contribute fully to their communities throughout their lives.

The Chilling Effect Is Proven

History shows that immigration status checks deter even eligible people from seeking help. After PRWORA's enactment in the late 1990s, participation dropped sharply among refugees and U.S. citizen children in mixed-status families—even though their eligibility had not changed. This chilling effect persists today, with lawful permanent residents and even all-citizen immigrant families avoiding benefits they qualify for out of fear or confusion about immigration consequences.

Rushed Implementation Magnifies Harm

Implementing this policy immediately will compound its damage. State and local agencies, along with nonprofit partners, are still grappling with new immigration restrictions in the recently passed budget bill (Public Law 119-21). Adding another layer of complex requirements now will heighten confusion and discourage participation.

Because HHS offers no clear path for administering the new requirements, the lack of guidance guarantees inconsistent enforcement, shifting standards, and “policy whiplash” across communities. It also leaves providers vulnerable to severe penalties under the False Claims Act if later found out of compliance—despite receiving no adequate instructions.

There is no credible justification for such speed. The prior policy stood for 27 years under administrations of both parties, including the entire first Trump term. Claims that delay would deny

benefits to citizens or qualified immigrants are misleading; the real barrier is chronic underinvestment in the safety net, not the participation of immigrant families.

Conclusion

The Department of Health and Human Services' decision to implement this sweeping reinterpretation of PRWORA immediately—with only a 30-day comment window—allows far too little time to weigh the consequences for those served and their communities. This major policy shift jeopardizes more than \$27 billion in federal programs and millions of people who depend on them.

We urge HHS to suspend implementation of this guidance and reinstate the 1998 policy. We also call on HHS to extend the public comment period and engage in genuine consultation with stakeholders for each affected program, as well as with the immigrant communities most directly impacted.

We stand ready to work with HHS and our partners to restore inclusive, equitable access to these vital programs—because when all families can meet their basic needs without fear, our entire nation is stronger.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Deborah Weinstein", with a long, sweeping horizontal line extending to the right.

Deborah Weinstein,
Executive Director