

August 12, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Re: Notice: Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of “Federal Public Benefit”

The National Women’s Law Center (NWLC) writes in opposition to the Department of Health and Human Services’ (HHS) harmful new interpretation of the definition of a “Federal public benefit” under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA).¹

NWLC is a nonprofit legal advocacy organization that fights for gender justice—in the courts, in public policy, and in our society—working across the issues that are central to the lives of women and girls—especially women of color, LGBTQI+ people, and low-income women and their families. Since its founding in 1972, NWLC has worked to advance equal opportunities for women, girls, and families, including by advocating for increased access to health care, early education, and other safety net programs.

Background

The Department of Health and Human Services (HHS) is abandoning nearly 30 years of consistent legal interpretation of the term “Federal public benefit.” This will leave millions of immigrants and their families unable to access critical health and other basic needs programs funded by HHS, and potentially will impose burdensome new requirements on state and local governments. Enacted in 1996, the PRWORA made a range of federal public benefit programs available only to “qualified immigrants,” subject to certain exceptions. The law defines “qualified immigrants” as those with Lawful Permanent Resident Status, refugees, persons granted asylum, certain immigrants from Cuba, Haiti and Pacific Island nations, certain survivors of domestic violence and trafficking, and other specific categories. This statutory definition has excluded people who are lawfully present, including individuals with Temporary Protected Status (TPS), people with nonimmigrant visas, and individuals granted deferred action, including Deferred Action for Childhood Arrivals (DACA). Thus, these restrictions bar not only undocumented immigrants, but many lawfully present individuals, from accessing federal public services and supports.

In 1998, HHS issued guidance clarifying its interpretation of the term “Federal public benefit” (1998 Notice)² where it identified 31 programs that met the statutory definition, excluding all

¹ PL-104-193.

² 63 Fed. Reg. 41658 (Aug. 4, 1998).

“not qualified” immigrants from programs such as Medicare, full-scope Medicaid, Temporary Assistance for Needy Families (TANF), and a range of cash-assistance programs. However, HHS determined certain programs were not considered federal public benefits because they were deemed to serve the broader community and important for life and safety, meaning that everyone would have access to them, regardless of immigration status. The 1998 Notice provided a reasoned interpretation of the statutory definition to explain the manner in which these programs were identified.

On July 14, 2025, the Department disavowed the 1998 Notice interpretation and for the first time identified 13 additional programs as restricted Federal public benefits (2025 Notice).³ These programs include Head Start, the Title X Family Planning Program, and the Health Center Program (e.g., federally qualified health centers funded by the Health Resources and Services Administration), among others. These programs provide critical services to areas or populations with low incomes and that lack access to primary care. Accordingly, limiting who can receive services from these programs will have negative effects on the education, health, and welfare of not only immigrant populations, but communities as a whole.

Programs Newly Defined as Federal Public Benefits

According to the 2025 Notice, the following programs, that were previously excluded given their focus on helping entire communities, will be newly considered federal public benefits. While each one’s addition would be harmful if they are not determined to be exempt, NWLC is specifically concerned about the following:

- **Certified Community Behavioral Health Clinics** - Certified Community Behavioral Health Clinics (CCBHCs) are specific clinics that provide critical and comprehensive mental and behavioral health services to all - regardless of insurance, ability to pay, or diagnosis history. In order to meet the needs of the vulnerable populations that access care at CCBHCs, these clinics receive an enhanced Medicaid reimbursement rate. CCBHCs connect people to life-saving quality care. CCBHCs should not be defined as a federal public benefit and instead should remain statutorily exempt, as the abrupt change in access to mental health care will upend lives and cause lasting damage to individuals and communities.
- **Community Mental Health Services Block Grant** - The Community Mental Health Services Block Grant is awarded to mental health service providers that work in communities with complex and comprehensive needs. Specifically, the block grant funds providers that serve adults with serious mental illnesses and children with serious emotional disturbances. The Community Mental Health Services Block Grant should not be defined as a federal public benefit and instead should remain statutorily exempt, as this critical program is among the few funding options available for reaching those with the most vulnerable and complex mental health needs.
- **Community Services Block Grant** - The Community Services Block Grant (CSBG) is an anti-poverty, federally-funded block grant that connects states and localities to life-saving funding for underserved communities. CSBG funding has been used for critical programming, including housing, nutrition, and education services. According to

³ 90 Fed. Reg. 31232 (July 14, 2025).

HHS's Administration for Children & Families, CSBG-funded programs serve over 9 million vulnerable children and adults each year.⁴ Community Services Block Grant funding should not be defined as a federal public benefit and should instead remain statutorily exempt, as millions of children and families across the country rely on the critical programming to live and thrive. Restricting access would put vulnerable populations at risk of increased insecurity and poverty.

- **Head Start** - For over 60 years, Head Start has provided high-quality and comprehensive services for families in need and has transformed the lives of countless families by providing free early childhood education to 40 million children in every community in every state across the country.⁵ Head Start investments yield strong and enduring returns for children, their families, and their communities.⁶ Improving children's school readiness through high-quality early education services helps improve outcomes throughout school; early intervention services, developmental screenings, and access to preventive pediatric care helps reduce the need for special education services later on; and the ability for parents to trust that their children are in safe, trusted environments in their Head Start programs helps them pursue work, school, and job training opportunities that improve their overall economic stability, as well as that of their local economies. The 1998 Notice⁷ among other programs, clarified that Head Start was exempt because not only is the child the beneficiary of Head Start services, but **Head Start is an early education program, not one that provides direct cash relief to the families it serves, as is the case for other non-exempt welfare programs.** As an early education program, Head Start is also not subject to PRWORA's explicit identification of "postsecondary education" services as among those for which citizenship is an eligibility requirement – this is not an erroneously narrow interpretation; it is a fact to state that, **since Head Start is not a postsecondary program, nor does it directly offer such services, it does not meet the definition of a "other similar benefit."** As set out in greater detail below, HHS should retain the interpretation in the 1998 Notice and ensure continued access to this critical early learning program.
- **Health Center Program** - For decades, federally-funded health centers have connected communities to low-cost, high-quality, comprehensive dental, medical, and mental health services. Each year, health centers connect tens of millions of people across the country to life-saving health care. In 2023 alone, more than 31 million individuals were able to access care at health centers, including 585,000 pregnant women, over 400,000 veterans, and more than 24.7 patients who were uninsured, or received Medicaid or Medicare.⁸ The Health Center Program should not be defined as a federal public benefit and should instead remain statutorily exempt, as this program is often the only lifeline for millions who otherwise have virtually no options for quality, affordable health care. The effects of limited access to care are well documented - to restrict access to health care is to upend entire families and communities.

⁴ *Community Services Block Grant (CSBG)*, Administration for Children and Families (ACF), Department of Health & Human Services (March 25, 2025), <https://acf.gov/ocs/programs/csbg>

⁵ *Head Start Program Facts: Fiscal Year 2023*, Department of Health & Human Services. (February 27, 2025), <https://www.headstart.gov/program-data/article/head-start-program-facts-fiscal-year-2023>

⁶ Center for American Progress, June 24, 2025, "Debunking Myths About Head Start: How the Program Promotes Opportunity and Strengthens Families, Communities, and Economies."

⁷ Ibid.

⁸ *Impact of the Health Center Program*, Bureau of Primary Health Care (BPHC), Health Resources & Services Administration (April 2025), <https://bphc.hrsa.gov/about-health-center-program/impact-health-center-program>

- **Projects for Assistance in Transition from Homelessness Grant Program** - The Projects for Assistance in Transition from Homelessness (PATH) grant funds services for people with serious mental illness experiencing homelessness -- an extremely vulnerable population that otherwise has little to no access to care. In 2021, PATH grantees were able to reach over 100,000 people, and connected over 50,000 individuals to critical services including but not limited to screening and diagnostic treatment, habilitation and rehabilitation, community mental health supports, and housing services.⁹ The Projects for Assistance in Transition from Homelessness (PATH) Grant Program should not be defined as a federal public benefit and should instead remain statutorily exempt. People who are experiencing homelessness and simultaneously struggling with severe mental illness are among the most underserved and unsupported populations in the United States. To restrict access to some of the only services available would place an even larger burden on the providers trying to connect these extremely vulnerable individuals with critical care.
- **Substance Use Prevention, Treatment, and Recovery Services Block Grant** - Considered "the cornerstone of States' substance use disorder prevention, treatment, and recovery systems", the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) program is designed to prevent and treat substance use and abuse.¹⁰ Grantees must serve specific vulnerable populations (pregnant women and women with dependent children) and offer priority services, including early HIV/AIDS intervention, tuberculosis screenings, and primary preventative care. The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) program should not be defined as a federal public benefit and should instead remain statutorily exempt. As perhaps the most integral component of the country's defense against substance use and abuse, it is counterintuitive and cruel to restrict prevention and treatment options. To do so would push thousands further into the dangers of substance use and addiction.
- **Title IV-E Educational and Training Voucher Program** – Title IV-E Education and Training Vouchers (ETV) assists young adults in or formerly in foster care with their postsecondary educational needs by providing up to \$5,000 per year for costs associated with postsecondary education and training. The program is administered by the states, and implementation of the program and the interpretation and application of the eligibility criteria can vary widely. The ETV Program should not be defined as a federal public benefit and should instead remain statutorily exempt. Limiting access to this program imposes yet another barrier for a population of youth that are already at risk of experiencing disruptions in their education.
- **Title IV-E Kinship Guardianship Assistance Program** – Title IV-E Kinship Guardianship Assistance are formula grants that assist States and Tribes (Indian Tribes, Tribal Organizations, and Tribal Consortia) who provide guardianship assistance payments for the care of children by relatives who have assumed legal guardianship of eligible children for whom they previously cared as foster parents. As of January 2025, 56 Title VI-E Agencies (42 states, DC, 2 Territories, 11 Tribes) have approved Title VI-E

⁹ *Projects for Assistance in Transition from Homelessness (PATH)*, Substance Abuse and Mental Health Services Administration (December 12, 2023),

<https://www.samhsa.gov/communities/homelessness-programs-resources/grants/path>

¹⁰ *Reauthorization of the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant*, National Association of State Alcohol and Drug Abuse Directors (January 2023),

https://nasadad.org/wp-content/uploads/2023/01/SAPT-Reauthorization_January-Update-final.pdf

plan amendments that enable them to make claims for this support.¹¹ The Title IV-E Kinship Guardianship Assistance Program should not be defined as a federal public benefit and should instead remain statutorily exempt. To impose a new definition and place sudden restrictions on this program will prove to be a destabilizing force for foster care providers, children, and entire families.

- **Title IV-E Prevention Services Program** – Title IV-E Prevention Services provide optional time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth. The Title IV-E Prevention Services Program should not be defined as a federal public benefit and should instead remain statutorily exempt. This program provides enhanced support to children and families within the foster care system. To impose new restrictions will make it even more difficult to connect those either in foster home placements or who are caring for children within the foster care system to the care they need.
- **Title X Family Planning Program** – Title X is the only federal program dedicated to providing individuals with low incomes, including those without insurance, access to affordable, high-quality, culturally responsive family planning care. Title X clinics provide a range of essential preventive services, including cancer screenings, STI prevention, HIV services, and contraceptive care and counseling in communities across the country. Title X should not be defined as a federal public benefit and should instead remain statutorily exempt, as Title X services are relied on by millions of people regardless of income or immigration status. Restricting Title X services would cut off people from their only source of reproductive health care and other preventive services, and severely undermine public health.
- **Health Workforce Programs not otherwise previously covered** (including grants, loans, scholarships, payments, and loan repayments). The programs offered by the Bureau of Health Workforce are intended to develop a robust health workforce, by connecting skilled and compassionate providers to communities in need. There are scholarships, loans, and repayment programs available that help foster the growth and career of new providers, as well as grants made available to service-providing organizations for their care. Health Workforce Programs not otherwise previously covered should not be defined as federal public benefits and should instead remain statutorily exempt. Restrictions to these programs will have long-lasting impacts on the quality and size of the country's health workforce, and undermine attempts to keep our country safe and healthy. In particular, immigrant women make up 36.0% of all workers employed as home health aides, a job that provides millions of people with life-preserving, long-term care.
- **Mental Health and Substance Use Disorder Treatment, Prevention, and Recovery Support Services Programs administered by the Substance Abuse and Mental Health Services Administration (SAMHSA)**. There is a public health crisis in the United States, and SAMHSA's programming offers a vital lifeline to the millions of individuals affected by mental health and/or substance misuse seeking preventative treatment, care, and rehabilitation. Mental health and substance use disorder treatment, prevention, and recovery support services programs administered by SAMHSA should not be defined as federal public benefits and should instead remain statutorily exempt.

¹¹ *Title IV-E Guardianship Assistance*, Administration for Children & Families (ACF), Department of Health & Human Services, (January 10, 2025) <https://acf.gov/cb/grant-funding/title-iv-e-guardianship-assistance>

Any additional barriers to SAMHSA's offerings will prove to be destabilizing and ¹²destructive for those actively receiving or seeking care, as well as for providers.

Immigrants, Their Families, and Our Communities Already Are Harmed Under the Existing Interpretation

HHS's unnecessary reinterpretation of the definition of Federal public benefit, contravening nearly three decades of established policy, will cause further harm to the health and well-being of immigrant families who already have limited access to essential programs and services. Indeed, the barriers that immigrant families have faced in securing services that are essential to health, safety, and economic security and mobility have harmed not only persons directly barred from these programs but also mixed-status families and their communities more broadly.

Under PRWORA, millions of non-qualified immigrants are already excluded from benefits including full scope Medicaid, Medicare, Temporary Assistance for Needy Families (TANF), and a host of other anti-poverty and social welfare programs. Even qualified immigrants, such as green card holders who are just one step removed from U.S. citizenship, generally face a five-year bar before they can access these benefits. This structure has made it difficult if not impossible for many immigrant families to escape poverty, access higher education, obtain affordable health care, and thrive in the U.S. With one in four children in the U.S. living with at least one immigrant parent, including those with qualified and nonqualified statuses, the impact of this reinterpretation will reach beyond those newly excluded from specific programs.¹³

Existing restrictions in PRWORA and accompanying regulations create a chilling effect that deters eligible immigrants and citizen family members from seeking essential support for basic needs. This chilling effect has been exacerbated by the increase in immigration enforcement and threats of mass deportation, as fear of deportation has dissuaded eligible immigrants from utilizing public benefits to which they are entitled, or even from engaging in everyday activities. For example, when parents are barred from federal health care programs, they are less likely to enroll eligible children in these health care programs. From 2016-2019, participation in programs such as Medicaid and CHIP, as well as the Supplemental Nutrition Assistance Program (SNAP), among citizen children with noncitizen household members fell twice as fast as those with only U.S. citizen household members, due to fear and uncertainty caused by changes in immigration policy.¹⁴ Many immigrant families that are eligible for SNAP forego assistance due to these chilling effects, exacerbating food insecurity for countless women,

¹² National Women's Law Center, May 2025, "Immigrant Women's Contributions to Our Economy," <https://nwlc.org/wp-content/uploads/2025/05/Immigrant-Workers-FS-5.9.25v1.pdf>

¹³ Drishti Pillai, Akash Pillai, and Samantha Artiga, *Children of Immigrants: Key Facts on Health Coverage and Care*, KFF. (January 15, 2025), <https://www.kff.org/racial-equity-and-health-policy/issue-brief/children-of-immigrants-key-facts-on-health-coverage-and-care/>

¹⁴ Samantha Artiga and Drishti Pillai, *Expected Immigration Policies Under a Second Trump Administration and Their Health and Economic Implications*, KFF. (November 21, 2024). <https://www.kff.org/racial-equity-and-health-policy/issue-brief/expected-immigration-policies-under-a-second-trump-administration-and-their-health-and-economic-implications/>. See also Randy Capps et al., *Anticipated "Chilling Effects" of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families*, Migration Policy Institute (Dec. 2020), <https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real>.

children, and families.¹⁵ This new reinterpretation of the definition of federal public benefits will only exacerbate these chilling effects, deepening harm to families across this country.

Existing documentation requirements already limit access to programs like Medicaid, SNAP, and Supplemental Security Income (SSI). The Urban Institute fielded a Well-Being and Basic Needs Survey in December 2021. In this nationally representative survey, 26.1% of adults in immigrant families who applied for one or more of these three programs struggled with documentation and paperwork requirements and 37.8% “reported that staff never or only sometimes gave them the information or help they needed.”¹⁶

Administrative burdens are a major concern for federally funded programs more generally, as those seeking to access these programs already have to navigate complex processes and paperwork. Low-income families utilizing the programs targeted by HHS already face “time poverty” where they lack the necessary time to complete excessive paperwork requirements like the ones that the 2025 Notice may create.¹⁷ Federal paperwork already consumes 10 billion hours and costs \$276.6 billion annually.¹⁸

Verification Requirements Would Burden State and Local Governments

While PRWORA exempts nonprofit charitable organizations from verification requirements, it does not exempt state and local governments, which already expend extraordinary resources on verifying eligibility for programs like Medicaid and SNAP. Any new requirements for state and local governments to verify eligibility for programs newly characterized as federal public benefits would be an unfunded mandate and force them to develop new policies, technology, and training procedures for each program. Prior to the enactment of H.R. 1, state budgets were already facing increasing fiscal stressors. Now that this law has slashed federal funding to states and will shift further costs for Medicaid and SNAP, any new requirements will push states to the breaking point.¹⁹ It is estimated that H.R. 1 will reduce federal Medicaid spending over a decade by an estimated \$911 billion and SNAP by an estimated \$186 billion, leaving states to struggle to close this gap.²⁰

¹⁵ Food Research & Action Center and National Immigration Law Center, *Food Over Fear: Overcoming Barriers to Connect Latinx Immigrant Families to Federal Nutrition and Food Programs*, Food Research & Action Center (Dec. 2020), https://frac.org/wp-content/uploads/NILC_Latinx-Immigrant-Families.pdf.

¹⁶ 16

<https://www.urban.org/sites/default/files/2022-11/Immigrant%20Families%20Faced%20Multiple%20Barriers%20to%20Safety%20Net%20Programs%20in%202021.pdf>, 2

¹⁷ Celestine Rosales, *Can We Afford to be Time Poor? The Hidden Tax of Time Poverty*, The Decision Lab. June 18, 2024. <https://thedecisionlab.com/insights/society/can-we-afford-to-be-time-poor>

¹⁸ Dan Goldbeck, *The Hidden Cost of Federal Paperwork*, American Action Forum. (October 27, 2021), <https://www.americanactionforum.org/insight/the-hidden-cost-of-federal-paperwork/>

¹⁹ Wesley Tharpe, *Roundup: State Budgets Increasingly Strained as House, Senate Republican Plans Would Impose Major Costs*, Center on Budget and Policies Priorities (June 24, 2025), <https://www.cbpp.org/research/state-budget-and-tax/roundup-state-budgets-increasingly-strained-as-house-senate>

²⁰ SEE “Estimated Budgetary Effects of Public Law 119-21, to Provide for Reconciliation Pursuant to Title II of H.Con. Res. 14, Relative to CBO’s January 2025 Baseline,” <https://www.cbo.gov/publication/61570>

The 2025 Notice Will Deter Eligible Families, Deprive Communities of Needed Services, and Burden Head Start Programs

Head Start is a community-led, early education program that helps children in families with low incomes prepare for school by supporting their cognitive, social, and emotional development.²¹ The 2025 Notice conflicts with statutory requirements around eligibility criteria set by the Head Start Act of 1965, which mandates the programs serve children who come from families with low incomes, those who are experiencing homelessness, or who participate in the foster care system, without regard to immigration status. Head Start has never in its 60-year history conditioned eligibility on citizenship or immigration status and this re-interpretation of the statutory requirements on which the 1998 Notice was based overturns 30 years of standard Head Start policy, consistent with its authorizing statute.

Communities, providers, and families have relied on HHS's longstanding interpretation that Federal public benefits exclude Head Start. Head Start has never conditioned eligibility on citizenship or immigration status and indeed, like many parts of the early learning sector, relies heavily on the work of immigrant early educators and may serve immigrant children and their families.²²

This notice will result in direct harm to Head Start programs and the communities they serve. Illegally adding citizenship verification to the Head Start enrollment process will create obstacles to enrolling and retaining families who are not qualified immigrants who – based on the Head Start Act – are eligible for the program. The additional challenges and red tape associated with producing citizenship verification documents will especially be a deterrent for all families who have difficulty obtaining documentation, i.e. families who are unhoused, children engaged in the foster care system, families in rural areas, families with low incomes who are unable to pay the fees associated with accessing documentation, and others. There is no way for grantees to implement this notice without deterring participation among all families.

Deterring families from participating in Head Start will endanger the stability of those programs and harm communities that depend on this program to provide early childhood education and promote healthy child development. Administrative actions that drive away still-eligible families only make it harder for programs to meet their statutory mandate of preparing all of the children they serve from low-income families for school, including through the services Head Start provides to support families' health and economic wellbeing.

Furthermore, the 2025 Notice goes against the best interests of the U.S. As discussed in a multistate study of immigration policy's effects on young children,²³ experiences early in life affect children's physical, social, and emotional development. Children of immigrants represent

²¹ Office of Head Start, Administration for Children and Families, "Head Start Services"; Head Start Policy and Regulation, "Sec. 636 [42 U.S.C. 9831] Statement of Purpose"; Center for American Progress, April 16, 2025, "5 Things to Know About Head Start."

²² National Women's Law Center, April 21, 2025, "Four Things You Should Know About How Immigration Impacts Care Work."; Hechinger Report, Jul 16, 2025, "America's Child Care System Relies on Immigrants. Without Them, It Could Collapse."

²³ Center for Law and Social Policy, March 2018, "Our Children's Fear: Immigration Policy's Effects on Young Children"

a large and growing share of young children, and the overwhelming majority of them are U.S. citizens. Their experiences, development, and education are critical to the health and success of our communities, and thus are essential to all of us.²⁴ Our future is tied to their education and wellbeing, as well as their success in school and later careers.

This notice will also result in additional costs and administrative burdens related to verifying the citizenship of every family that applies – not only those who are suspected to be subject to the notice – to programs, which will divert time and funds away from school readiness-related activities and will prevent children who are still eligible from accessing the program.²⁵ The notice’s assessment of those burdens is not well-founded, and likely understates them:

- It is unclear, based on the text of the 2025 Notice, how HHS determined its expected expenditure effects (anticipated to range anywhere from \$184 million to \$1.8 billion), which purport to capture the share of Head Start beneficiaries who are non-citizens – although this information is unknown for a program for which verification of citizenship status has never been required.
- The Regulatory Impact Analysis provided in conjunction with the notice conflates “unauthorized” and “undocumented” immigrants. Under PRWORA, there are several categories of “unauthorized” immigrants, who are ineligible to participate in federal public benefits programs, but nevertheless have lawful status in the United States. This inconsistency only exacerbates uncertainty about how programs should implement this new interpretation, since, for example, DACA recipients and those with Temporary Protected Status are purportedly now ineligible for Head Start, though reside in the U.S. lawfully.
- HHS estimates a corresponding annual cost of \$21 million in associated administrative costs, including “opportunity cost of time, review of program eligibility, and transition costs associated with revising standard operating procedures” [sic], with no explanation as to how that estimate was calculated, and no apparent analysis of the costs to families, local businesses, health and education systems, and the overall economy as a result of restricting program access.
- The Regulatory Impact Analysis equates time spent on verification of immigration status with that of employment eligibility verification, with no rationale for why it should be assumed that the two are equivalent. It also suggests that participants can complete their immigration status verification in approximately 9 minutes per child,²⁶ assuming all families (1) can read or access and understand the form instructions; and (2) have all available supporting documentation. It should be reasonably assumed that the time burden on participants will be significantly greater.

²⁴ David Figlio, Paola Giuliano, et. al., "Diversity in Schools: Immigrants and the Educational Performance of U.S.-Born Students," *The Review of Economic Studies*, Volume 91, Issue 2, April 2023, <https://doi.org/10.1093/restud/rdad047>

²⁵ Center for the Study of Child Care Employment, April 22, 2025, “Immigration Policies Harm the Early Educator Workforce and the Communities They Serve.”

²⁶ See “SUPPORTING STATEMENT FOR EMPLOYMENT ELIGIBILITY VERIFICATION OMB Control No.: 1615-0047 COLLECTION INSTRUMENT(S): Form I-9” page 7, <https://reginfo.gov/public/do/DownloadDocument?objectID=139141501>

- The financial and time costs imposed on Head Start programs to verify immigration status can also be expected to be considerably higher than what is detailed in the Regulatory Impact Analysis provided in conjunction with the notice. Even accepting its estimates, however, the anticipated federal costs associated just with immigration status verification, per the notice's Regulatory Impact Analysis, are expected to divert funds away from implementing Head Start's mission and **are expected to result in the loss of services to 1,118 children and pregnant women** – an unacceptable outcome for eligible families who depend on Head Start.²⁷

This Change Will Harm Our Health, Delivery Systems, Communities, and Economies

Expanding the definition of “Federal public benefit” to include essential health programs, such as Title X and the Health Center Program, threatens public health, delivery systems, and the broader economy. Title X is the only federal program dedicated to providing individuals with low incomes access to affordable family planning care. In many areas, it is the only available source of essential health care.²⁸ Restricting these services will significantly reduce access to a range of services, including contraception, STI testing, and cancer screenings.²⁹

Similarly, federally qualified health centers (FQHCs) provide primary and preventive care services, which are crucial for managing chronic conditions and promoting overall individual and public health. Confusion about eligibility and fear of immigration consequences may discourage even eligible individuals, including U.S. citizen children, from accessing needed care. Limiting access to these health centers will further isolate underserved families from the health care system they depend on.³⁰

Denying access to preventive care does not eliminate peoples’ need for services, it shifts the burden to hospital emergency departments and, ultimately, to state systems and taxpayers. People who are unable to access preventive health care inevitably enter the health care system at more complex and expensive points.³¹ Delayed treatment leads to worse health outcomes,

²⁷ See “Final Regulatory Impact Analysis, Docket No. AHRQ-2025-002,” page 13, <https://www.regulations.gov/document/AHRQ-2025-0002-0002>

²⁸ Managi Lord-Biggers and Amy Friedrich-Karnik. Factsheet: Features and Benefits of the Title X Program, The Guttmacher Institute (February 2025), <https://www.guttmacher.org/fact-sheet/features-and-benefits-title-x-program>.

²⁹ See Sarah D. Compton et al., (2025). Assessing the Impact of Federal Restrictions to the Title X Program on Reproductive Health Service Provision Between 2018 and 2022 in the United States, *Contraception*, (142), <https://www.sciencedirect.com/science/article/abs/pii/S0010782424004335>; Amy Friedrich-Karnik & Rachel Easter, *Restricting Title X Results in Cascading Harms*, Guttmacher Institute. (August. 2024), <https://www.guttmacher.org/2024/08/restricting-title-x-results-cascading-harms>.

³⁰ When sick, lawfully present immigrants, undocumented individuals, and those with limited English proficiency are more likely to access care at clinics or community health centers. Data from the 2023 KFF/LA Times Survey of Immigrants shows that three in ten immigrant adults say a CHC is their usual source of care, with this share rising to about four in ten among likely undocumented immigrant adults (42%) and those with limited English proficiency (39%). See: Drishti Pillai & Samantha Artiga, KFF, *New Policy Bars Many Lawfully Present and Undocumented Immigrants from a Broad Range of Federal Health and Social Supports* (July 21, 2025), <https://www.kff.org/policy-watch/new-policy-bars-many-lawfully-present-and-undocumented-immigrants-from-a-broad-range-of-federal-health-and-social-supports/>.

³¹ Sara R. Collins, Shreya Roy, Relebohile Masitha, “Paying for It: How Health Care Costs and Medical Debt Are Making America Sicker and Poorer,” The Commonwealth Fund (October 26, 2023).

including rising STI rates, increase in late-stage cancer diagnoses, and poor maternal and infant health, all of which require more intensive, costly interventions.

Consequently, hospitals, especially in rural and underserved areas, will absorb more uncompensated care, threatening their financial viability. This is compounded by the \$137 billion in reduced federal Medicaid spending that H.R. 1 is estimated to have in rural areas over 10 years.³² Additionally, those with advanced health issues stemming from delays in and denials of treatment are less likely to be able to continue working and supporting their families. This will have broader impacts on communities, given immigrants' essential role in the workforce.³³ Restricting access to critical health care programs not only contradicts the agency's commitment to health equity and public safety, but also threatens to destabilize the broader health care system.

Nonprofits Should Not Be Coerced into Spending Resources on Verification

As the 2025 Notice acknowledges, PRWORA does not require nonprofit charitable organizations that administer Federal public benefits to conduct eligibility verifications. This provision ensures that nonprofits and their clients are not subject to the paperwork costs borne by government agencies described above. However, the notice also indicates that, despite this important exception, the agency expects that they, "should pay heed to the clear expressions of national policy," under President Trump's anti-immigrant executive orders.

This statement of expectation is not appropriate for an official federal document and may confuse nonprofit organizations. They may be concerned about adverse actions against them, particularly given this administration's attempts to force private actors to comply with its demands without a statutory basis, such as its abuse of the college accreditation system and threats to cut transportation funding for cities that do not facilitate mass deportations.³⁴ HHS should clarify that no nonprofits will be adversely affected if they, as is their legal right, do not divert funds and staff time to conduct eligibility verifications.

A 30-Day Comment Period and No Delay in Implementation Is Insufficient

HHS makes the 2025 Notice effective immediately and only provides 30 days for comments. This is in violation of the Head Start Act, which requires any changes to eligibility to go through the regular notice and public comment rulemaking process. For a revision of nearly 30 years of precedent potentially impacting thousands of recipients of federal funding across many

<https://www.commonwealthfund.org/publications/surveys/2023/oct/paying-for-it-costs-debt-americans-sicker-poorer-2023-affordability-survey>

³² Heather Saunders, Alice Burns, and Zachary Levinson, How Might Federal Medicaid Cuts in the Enacted Reconciliation Package Affect Rural Areas?, KFF (July 24, 2025), <https://www.kff.org/policy-watch/how-might-federal-medicaid-cuts-in-the-enacted-reconciliation-package-affect-rural-areas/>.

³³ Drishti Pillai & Samantha Artiga, *Employment Among Immigrants and Implications for Health and Health Care*, KFF (June 12, 2023), <https://www.kff.org/racial-equity-and-health-policy/issue-brief/employment-among-immigrants-and-implications-for-health-and-health-care/>.

³⁴ See Bauer-Wolf, Jeremy, "The Trump Administration Is Wielding Accreditation as Political Weapon Against Columbia University," New America. (June 5, 2025), <https://www.newamerica.org/education-policy/edcentral/the-trump-administration-is-wielding-accreditation-as-political-weapon-against-columbia-university/>; Badger, Emily, "Trump Raises New Threat to Sanctuary Cities: Blocking Transportation Dollars," The New York Times. (January 31, 2025) <https://www.nytimes.com/2025/01/31/upshot/sanctuary-cities-trump-transportation-funds.html>

programs more generally, this lack of time for public input is deeply inadequate. Together, these programs comprise over \$27 billion in federal funding.³⁵ HHS should pause implementation of this reinterpretation immediately, and allow for a full stakeholder engagement process including a proper notice and comment period.

Conclusion

We urge HHS to withdraw this notice and not proceed with any further guidance, regulations or other changes in interpreting PRWORA. Further, we formally request that our comment, including any articles, studies, or other supporting materials that we have included in our comment as an active link in the text, be included as part of the formal administrative record for the Notice of Interpretation for the purposes of the federal Administrative Procedure Act. If you have any questions about anything in the comments or the materials, please contact Angel Padilla at the National Women's Law Center (apadilla@nwlc.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Angel Padilla".

Angel Padilla
Vice President for Strategy and Policy
National Women's Law Center
apadilla@nwlc.org

³⁵ Fiscal Year 2025 combined funding for Health Start, Community Mental Health Services Block Grant, Community Services Block Grant, Community Health Centers, Mental and Behavioral Health Programs, Projects for Assistance in Transition from Homelessness, Substance Use Prevention, Treatment, and Recovery Services Block Grant and Title X funding.