



August 13, 2025

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

Submitted electronically via regulations.gov

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

Dear Secretary Kennedy,

Thank you for the opportunity to comment on the Department of Health and Human Services (HHS) new interpretation of the definition of a “Federal public benefit” under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). The undersigned organizations are all members of the Massachusetts Coalition for Coverage and Care, a broad coalition of hospitals, doctors, health centers, behavioral health providers, advocacy organizations, business groups, labor, service providers, community and faith-based organizations groups committed to protecting the gains to health coverage, access to care and health equity in Massachusetts.

Massachusetts is dedicated to ensuring access to adequate health care and community support services for all residents. We are concerned that the reinterpretation of the definition of “Federal public benefit” in PRWORA of 1996, 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.

Background

Since its enactment in 1996, PRWORA made a range of federal public benefit programs available only to “qualified immigrants”. In 1998, HHS identified 31 programs as “Federal public benefits”, limiting immigrant access to programs such as Medicare, Medicaid, and Temporary Assistance for Needy Families, but allowing broader access to programs that were deemed to serve the broader community.

The 2025 Notice contradicts the 1998 interpretation, adding 13 programs as restricted Federal public benefits, including the Health Center Program, Certified Community Behavioral Health Clinics, mental health and substance use disorder block grants, and the

Title X Family Planning Program, among others.¹ This reinterpretation will have negative effects on the health and well-being of not only immigrant populations, but communities as a whole.

Existing Barriers for Immigrant Families

With one in four children in the U.S. living with at least one immigrant parent the impact of the Notice will reach beyond individuals and families newly excluded from specific programs.² Existing restrictions in PRWORA and accompanying regulations create a chilling effect that deters eligible immigrants and citizen family members from seeking essential programs. For example, when parents are barred from federal health care programs, they are less likely to enroll eligible children in health care programs. From 2016-2019, participation in programs such as Medicaid, CHIP, and the Supplemental Nutrition Assistance Program (SNAP) among citizen children with noncitizen household members fell twice as fast as those with only U.S. citizen households due to fear and uncertainty caused by changes in immigration policy.³ This new rule reinterpreting the definition of federal health benefits will only exacerbate these chilling effects, causing harm to families across this country.

Burdensome Verification Requirements

While PRWORA exempts nonprofit charitable organizations from verification requirements, it does not exempt state and local governments that already expend extraordinary resources on verifying eligibility for programs. Any new requirements for state and local governments to verify eligibility for programs newly deemed to be Federal public benefits would be an unfunded mandate and force them to develop new policies, technology, operational protocols and training procedures for each one.

Further, these verification requirements would not only impact timely access to vital services for immigrants but also U.S. citizens. Many of the programs listed in the notice are administered by state and local governments, which subgrant to nonprofit organizations. The programs are designed to allow real-time access to services without first necessitating a burdensome application process. This feature is necessary to facilitate access to resources that benefit whole communities. Most programs cannot realistically conduct verification at the door, such as 24/7 crisis hotlines, emergency services for individuals suffering an overdose, and homeless shelters. Even if some programs could implement

¹ 90 Fed. Reg. 31232 (July 14, 2025).

² Drishti Pilla, 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/>

³ 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>.

such verification processes, some people (including U.S. citizens and legal permanent residents) may lack government identification for a myriad reasons. HHS should clarify that no nonprofit will be adversely affected if they, as is their legal right, do not divert funds and staff time on verification activities or force their clients to fill out paperwork.

Programs Newly Defined as Federal Public Benefits

Programs that were previously excluded given their focus on helping entire communities, like federally qualified community health centers (CHCs), mental health and substance use disorder programs, the Title X family planning program, and health workforce programs, would be newly considered Federal public benefits according to the notice. For decades, these programs have provided low-cost, high-quality services to tens of millions of people in communities across the country. Removing their exemption as a Federal public benefit will create confusion about eligibility and fear of immigration consequences that will limit access, worsen health outcomes, and create higher costs for everyone, including eligible individuals and U.S. citizens.

Comment Period and Implementation

While we understand that the Administration has agreed to pause implementation of the notice until September 10, originally the notice had gone into effect immediately with only a 30-day comment period. This precludes meaningful public input and effectively serves as a revision of nearly 30 years of precedent under the Administrative Procedures Act for a policy that potentially impacts thousands of recipients of federal funding across many programs. HHS should pause implementation of this reinterpretation immediately and allow for a full stakeholder engagement process including a proper notice and comment period.

Conclusion

Immigrant families already experience barriers in securing services that are essential to health, safety, and economic security and mobility, not only harming persons directly excluded from these programs but also mixed-status families and broader communities. We urge you to withdraw this notice and not proceed with any further guidance, regulations or other changes in interpreting PRWORA. Thank you again for the opportunity to provide feedback on the new interpretation of a “Federal public benefit” under the *Personal Responsibility and Work Opportunity Reconciliation Act*.

Sincerely,

1199SEIU – Massachusetts
Advocates
Association for Behavioral Healthcare
Boston Center for Independent Living
Boston Children’s Hospital
Boston Medical Center Health System
Children’s League of Massachusetts

Community Care Cooperative
Community Resource Initiative
Conference of Boston Teaching Hospitals
Fenway Health
Greater Boston Interfaith Organization
Health Care For All
Health Law Advocates
Justice Center of Southeast Massachusetts, LLC
Legal Key Partnership for Health and Justice
Lynn Health Task Force
Massachusetts Association for Mental Health
Mass General Brigham
Massachusetts Immigrant and Refugee Advocacy Coalition
Massachusetts Law Reform Institute
Massachusetts Medical Society
Massachusetts Public Health Association
Massachusetts Senior Action Council
National Association of Social Workers, Massachusetts Chapter
Personal Disability Consulting, Inc.
Project Bread
Vinfen