

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 Schuyler Center for Analysis and Advocacy writes in opposition to the new interpretation the Department of Health and Human Services (HHS) proposed to adopt regarding the definition of a “federal public benefit” under the Personal Responsibility and Work Opportunity Reconciliation Act – an interpretation that seeks to reverse decades of agency policy, without sound justification, and bypassing public input, or consideration of the real-world consequences. We strongly urge HHS to withdraw this disruptive, harmful new interpretation without delay.

The Schuyler Center, based in Albany, New York, is a 153-year-old statewide, nonprofit organization dedicated to policy analysis and advocacy in support of public systems that meet the needs of disenfranchised populations and people living in poverty. Schuyler Center’s advocacy has advanced policies that reduce child poverty, build a universal child care system, promote child health and wellbeing, and transform the child welfare system. Schuyler Center achieves its goals through creative and detailed policy analysis, coalition building, and advocacy with elected officials, agency executives, policymakers, and stakeholders.

Background

The Department of Health and Human Services’ (HHS) is adopting a change that runs contrary to nearly 30 years of legal interpretation that threatens to deprive tens of thousands of low-income New Yorkers – both immigrant and non-immigrant – of access to critical health, early childhood, and other safety-net programs funded by HHS. It will also potentially impose burdensome new requirements on state and local governments. In practice, this interpretation essentially creates a new “immigration status” reporting requirements on programs that have never had to ask for such proof. Many New Yorkers-immigrant and non-immigrant – stand to be turned away from health centers, early childhood programs and food pantries simply because they lack government issued identification.

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) made a range of federal public benefit programs available only to “qualified” immigrants, subject to certain exceptions.

In 1998, HHS issued a Notice interpreting the term “federal public benefit” to explain which Department programs met the definition and would thus be limited to qualified immigrants (1998 Notice). This notice identified 31 programs as unavailable to undocumented and other lawfully present but “not qualified” immigrants including Medicare, Medicaid, Temporary Assistance for Needy Families, and a range of cash-assistance programs. In the 1998 Notice, HHS determined other programs were not “federal public benefits” on the grounds that they serve the broader community, and are therefore broadly available – including “not qualified” immigrants. The 1998 Notice provided a reasoned interpretation of the statutory definition to explain the manner in which these programs were identified, and has stood unchanged for nearly 30 years.

On July 14, 2025, the Department disavowed the 1998 Notice interpretation and identified 13 additional programs as restricted federal public benefits (2025 Notice). 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 and limiting access to them will have negative effects on the health and welfare of not only immigrant populations, but communities as a whole. **This new interpretation should be withdrawn.**

This New Interpretation Threatens the Health and Wellbeing of New York Children and Families

Approximately [37% of New York children](#)—more than 1,374,000 children – live with at least one immigrant parent, including those with qualified and nonqualified statuses. The impact of this reinterpretation will reach far beyond those newly excluded from specific programs. Under PRWORA, millions of non-qualified immigrants are already excluded from federal public 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, often face a five-year bar before they can access federal benefits. This structure has already made it difficult if not impossible for many immigrant families to pull themselves out of poverty, access higher education, access affordable health care, and to thrive in the U.S.

This new interpretation reaches farther, will cause more immigrant families to withdraw from programs that set them up to achieve economic security, and strong health and wellbeing. It will also lead to tens of thousands of non-immigrant low-income New Yorkers to be denied essential services simply because they cannot prove their immigration status. Finally, many of these critical health, nutrition, child welfare and early childhood programs operate on the slimmest of financial margins, struggling every day to keep their doors open, their staff paid. To impose upon them new verification requirements could very likely cause many to close their doors.

We call on HHS to withdraw this interpretation, and continue to treat all 13 threatened programs as community programs, not “federal public benefits.”

HHS’s new interpretation treating the targeted programs as “federal public benefits” threatens the health and wellbeing of New York children, families, and communities.

- **Head Start:** Head Start has provided free, high quality, early education and comprehensive services to 40 million age- and income-eligible children and their families for the last 60 years in every community in every state across the country. Currently, in New York, about [43,000](#) children benefit from the vital services provided by the Head Start program. These children and families benefit from the well-documented effects of the Head Start program, which has been shown to significantly improve outcomes in health, educational achievement, and financial prospects of participating families. Additionally, the nearly 274 programs, operating nearly 1,000 sites statewide employ over 14,400 staff members. Head Start also plays a vital role in ensuring children do not experience [food insecurity](#) by providing healthy meals at Head Start programs.

The Head Start program should not be defined as a “federal public benefit” under PWRORA, and should remain statutorily exempt. Head Start is high-quality early education, and ensures that children are prepared for K-12 education. The sudden recategorization would plunge millions of families and children into uncertainty.

- **Health programs:** 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. Restricting these services will significantly reduce access to contraception, STI testing, cancer screenings, and prenatal care.

Similarly, Community Health Centers (CHCs) provide primary and preventive care services, which are crucial for managing chronic conditions and promoting overall 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.

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. Delayed treatment leads to worse health outcomes, 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. Additionally, those with advanced health issues 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](#).

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.

- **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 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 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 HHS's Administration for Children & Families, CSBG-funded programs serve over 9 million vulnerable children and adults each year. Community Services Block Grant funding should not be defined as a federal public benefit and 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.
- **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 million patients who were uninsured, or received Medicaid or Medicare. The Health Center Program should not be defined as a federal public benefit and 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.

- **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. The Projects for Assistance in Transition from Homelessness (PATH) Grant Program should not be defined as a federal public benefit and 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. 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 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 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 plan amendments that enable them to make claims for this support. Currently, in New York, about [500-700](#) children are placed in the Kinship Guardianship Program every year. The Title IV-E Kinship Guardianship Assistance Program should not be defined as a federal public benefit and 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 remain statutorily exempt. Currently, in New York, there are about [65,000](#) children involved in Preventive Services. 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 (NHeLP)** – 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 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 preventative 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 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.
- **Mental Health and Substance Use Disorder Treatment, Prevention, and Recovery Support Services Programs administered by the Substance Abuse and Mental Health Services Administration.** 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 remain statutorily exempt. Any additional barriers to SAMHSA's offerings will prove to be destabilizing and destructive for those actively receiving or seeking care, as well as for providers.

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

HHS makes this notice effective immediately and only provides 30 days for comments. For a revision of nearly 30 years of precedent potentially impacting hundreds of recipients of federal funding across many programs, this lack of time for public input is deeply inadequate. Together, these programs comprise over \$27 billion in federal funding. **The best course of action would be for HHS to withdraw this interpretation, and continue to rely on the longstanding 1998 Notice. In the alternative, we call on HHS to pause implementation of this reinterpretation immediately, and allow for a full stakeholder engagement process including a proper notice and comment period.**

Conclusion

We ask you to withdraw this notice and not proceed with any further guidance, regulations or other changes in interpreting PRWORA. Further, we would like our comment, including any articles, studies, or other supporting materials that we have included in our comment as an active link in the text, to be included as part of the formal administrative record for the proposed rule for the purposes of the federal Administrative Procedure Act. Please let us know if HHS is unable for any reason to meet our request and include our linked materials, so we will have the chance to otherwise submit copies of the supporting

documents into the record. If you have any questions about anything in the comments or the materials, please contact Dede Hill, Schuyler Center for Analysis & Advocacy, dhill@scaany.org.

Sincerely,

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