CLASP

Policy solutions that work for low-income people

August 13, 2025
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The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

RE: Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of "Federal Public Benefit" Docket No. AHRQ-2025-0002

The Center for Law and Social Policy (CLASP) writes in opposition to the harmful new interpretation the Department of Health and Human Services (HHS) is taking in regard to the definition of a "Federal public benefit" under the Personal Responsibility and Work Opportunity Reconciliation Act. We respectfully submit this comment urging the Agency for Healthcare Research and Quality to withdraw this proposed rule in its entirety.

Established in 1969, CLASP is a national, non-partisan, non-profit, anti-poverty organization that advances policy solutions for people with low incomes. Our comments draw upon the work of CLASP experts in the areas of immigration, child development, and anti-poverty policies. As a national antipoverty organization, we bring a deep commitment to children, youth, and families living with low incomes and knowledge of the challenges that they experience as a result.

HHS' reinterpretation of the definition of "Federal public benefit" in PRWORA contradicts nearly three decades of established policy and will cause further harm to the health and well-being of immigrant families who already have limited access to essential programs and services. Exclusionary policies are costly for states and for communities beyond just the immigrants directly targeted by this rule. 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, 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 broader communities.

One in four children in the U.S. lives with at least one immigrant parent, including those with qualified and nonqualified statuses. Thus, the impact of this new interpretation will reach beyond those newly excluded from specific programs.[1] 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 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.

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 access 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 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.[2] Uninsured rates for U.S. citizen children of immigrants are double that of their peers with citizen parents, despite having the same eligibility for federal health care programs.[3] This new rule reinterpreting the definition of federal benefits will only exacerbate these chilling effects, causing harm to families across this country.

Verification Requirements Burdens State and Local Governments

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 like Medicaid and the Supplemental Nutrition Assistance Program (SNAP). 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, and training procedures for each one. Prior to the enactment of H.R. 1, state budgets were already facing increasing fiscal stressors. Now that the Administration's policies have slashed federal funding to states and will shift further costs to states for Medicaid and SNAP, any new requirements would be even more unaffordable.[4]

Red tape already is a major barrier to effective utilization for federally funded programs to all who want to participate. Families with low incomes utilizing the programs targeted by HHS already face "time poverty" driven by excessive paperwork requirements that stem from federal regulations like the ones that this notice may create.[5] Federal paperwork already costs 10 billion hours and $276.6 billion annually. Instituting even more requirements by requiring funding recipients of these programs will lead to less time and money for their core missions.[6]

Programs Newly Defined as Federal Public Benefits

There are 13 Health and Human Services programs included in the notice that were previously excluded from the definition of Federal public benefits given their focus on helping entire communities. Each one's addition would be harmful if they are not determined to be exempt. Below, CLASP has shared a detailed review of the harmful implications of this notice on a select set of these programs based on our expertise.

Undermining Access to Early Education

Quality early learning services, racial equity, and family and community growth and well-being fostered through the Head Start program are priorities for our organization. It is clear, based on our work and extensive research by the early childhood community, that the notice issued [Docket No: AHRQ-2025-0002] will have a severe and negative impact on the communities served by Head Start.

Harms to Head Start Programs and Communities

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.[7] The program has never in its 60-year history conditioned eligibility on citizenship or immigration status and, like many parts of the early learning sector, Head Start relies heavily on the work of immigrant early educators.[8] Programs and families have relied on HHS's longstanding interpretation that "federal public benefits" excludes Head Start.

This notice is also a violation of the Head Start Act, which requires any changes to eligibility to go through the regular notice and public comment rulemaking process. This re-interpretation of the statutory requirements on which the 1998 notice was based overturns 30 years of standard Head Start practice.

It is clear that the main purpose of this notice is to harm Head Start programs and the communities they serve.

- The enrollment of immigrant families in Head Start does not come at a unique cost to U.S. citizens – the program is designed to serve children who come from families with low incomes, those who are experiencing homelessness, or who participate in the foster system – which it has historically always done, regardless of the child's or family's citizenship status. The integrity of Head Start has never been threatened by the presence or enrollment of immigrant families, regardless of their status, and there is no evidence that changes to eligibility criteria for Head Start would have any impact on migration at the southern border, whereas a reversal in the interpretation of who can access the program will have meaningful negative impacts for communities' public health and economic stability.
- Administrative actions that drive away still-eligible families, and wrongfully make eligibility changes through improper regulatory means only make it harder for programs to meet their statutory mandate of preparing all of the children they serve from families with low incomes for school, including through the services Head Start provides to support families' health and economic wellbeing.

Detering Families from Participating in Head Start

This notice would create a chilling effect that will deter families from participating in Head Start, endangering the stability of those programs and harming communities that depend on the program for providing early childhood education and promoting healthy child development.

There is no way for grantees to implement this notice without contributing to deterrence of participation among all families. 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 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 system, without regard to immigration status. The additional challenges and red tape associated with producing citizenship verification documents will also 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).

- This notice goes against the best interest of the U.S. As is discussed in a multistate study of immigration policy's effects on young children, experiences early in life affect children's physical, social, and emotional development.[9]
- Children of immigrants represent a large and growing share of young children, and the overwhelming majority of them are U.S. citizens. Their experiences, development, and education are essential to all of us. In fact, there is emerging evidence that the presence of immigrant students in classrooms boosts the test scores of their U.S.-born student peers.[10] Our future is tied to the education and wellbeing of immigrant children, as well as their success in school and later careers.

Preventing Head Start Programs from Serving Communities

Head Start investments yield strong and enduring returns for children, their families, and their communities.[11] Improving children's school readiness through 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. The ability for parents to know 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.

- By design, Head Start programs are community-embedded, drawing on parental involvement and reflecting the needs of the families that they serve – this design helps them provide early education most effectively and foster better outcomes for the children participating. The notice threatens these critical goals.
- This will shift the cost of early education to states and localities– after cutting health care and food assistance for millions, young children are faced with losing access to early education opportunities too.
- Head Start connects families with low incomes to health services, including prenatal and preventive care, which are provided in support of eventual school readiness by ensuring healthy development early in life. It can be reasonably expected that, lacking this assistance, families with low incomes may struggle to secure care for their children, including immunizations for communicable diseases that pose significant risks to public health.
- The need for the services Head Start programs provide for families will not go away and communities will now be left without access to early learning programs, which will have impacts on educational, professional, health, and other outcomes.
- Head Start helps foster a strong foundation for later learning, social relationships, health, and wellbeing that will shape lifelong outcomes – including educational attainment, adult employment, and earnings.[12] Stripping the most vulnerable families of those opportunities risks generational harm.

Misrepresentation of Head Start as a Welfare Program

Section 401(c) of PRWORA defined "federal public benefit" as, with some exceptions, any "(A) any grant, contract, loan, professional license or commercial license provided by an agency of the United States or by appropriated funds of the United States; and (B) any retirement, welfare, health, disability, public or assisted housing, postsecondary education, food assistance, unemployment benefit, or any other similar benefit for which payments or assistance are provided to an individual, household, or family eligibility unit by an agency of the United States or appropriated funds of the United States." This definition, alone, did not provide sufficient guidance for programs or providers to make independent determinations about who should qualify, as evidenced by a two-year period following the passage of PRWORA during which time HHS received numerous inquiries related to the application of the terms "federal public benefit" and "eligible entity."[13]

Accordingly, in 1998, HHS issued an interpretation of PRWORA[14] which, 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 they serve 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."

- The notice of interpretation also explicitly states, with reference to §1611(c)(1)(B), that a benefit may be considered a "Federal public benefit" as long as the benefit "is 'provided to' one of three types of recipients: (i) "an individual," (ii) "a household," or (iii) a "family eligibility unit."[15] In the case of Head Start, the recipients of federal funds, who then use those funds to administer early education services, along with other related services for the benefit of qualifying families, may

include school districts, nonprofits, private entities, local governments, Tribal organizations, and religious institutions.[16]

- Because the language in PRWORA referring to 'grants' is also broad and nonspecific, the 1998 notice rightfully clarifies that, as a pass-through entity which delivers services to child beneficiaries, Head Start is not classified as a grant recipient and should not be subject to new, expansive, and burdensome verification protocols. This notice therefore reflects a misunderstanding of the nature of the program and who it is designed to serve.
- The structure and context of PRWORA make clear that "welfare" meant cash assistance or comparable benefits. Head Start is no such program but is instead an early education program statutorily designed to help prepare vulnerable children from families with low incomes for school.

New Costs and Administrative Burdens on Head Start Programs

There would be additional costs and administrative burdens to programs related to verifying citizenship of every family that applies, which will divert time and funds away from school readiness-related activities and will prevent children who are still eligible from accessing the program.[17]

- It is unclear, based on the text of the notice, how the agency 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. And there is no explanation as to how administrative costs were calculated, with 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 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 are nevertheless legal statuses for residency 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 legally.
- 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. Additionally, the anticipated federal costs associated just with immigration status verification are already, per the notice's Regulatory Impact Analysis, 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.[18]

Limiting Access to Health Care

This Change Would Harm Our Health, Delivery Systems, and Economies

Expanding the definition of "Federal public benefit" to include essential health programs, such as Title X, Certified Community Behavioral Health Clinics, 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.[19] Restricting these services will significantly reduce access to contraception, STI testing, cancer screenings, and prenatal care.[20]

Barring critical access to preventive and primary care does not shift the burden back to the individual; rather the burden will be placed on hospital emergency departments and, ultimately, on state systems and taxpayers. People who cannot access preventive health care will likely develop more complex and acute conditions and visit emergency rooms when needed, costing the health system and state economies more money. Delayed treatment leads to worse health outcomes, including adverse mental and behavioral health conditions, an 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.[21] 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.

This will hit rural and underserved areas hard. For rural and underserved areas already in need of more funding, the cuts to Medicaid, along with these restrictions to critical primary care, will cause many needed facilities to close, impacting care for many.

Limiting Access to Federally Qualified Community Health Centers and Look-Alikes

Authorized under Section 330 of the Public Health Service Act[22] the health center program provides care to millions.[23] The health center program was developed to serve whole communities, exemplified by the fact that Congress requires health centers authorized to operate under Section 330 to serve "all residents of the area served by the [C]enter," otherwise defined as the "catchment area." Health center locations are placed in what are known as Medically Underserved Areas or Medically Underserved Populations, defined by limited primary care health services within an area.[24] They are, however, not defined by identities or characteristics of members of the population, such as citizenship or immigration status. The makeup of the catchment area populations does not impact the quality or availability of services of health centers, and health center services are more nuanced and comprehensive to meet the needs of communities when their doors are open to all.

Restricting care for some will likely create an "invisible door" for many, as many underserved populations, beyond immigrants, may feel that community health centers are no longer an option to receive primary care. 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.[25]

Limiting Essential Mental and Behavioral Health Care

The United States is facing a children's mental health crisis, with one in five children having been diagnosed with a mental health condition.[26] The rates of mental health challenges in children, including suicidal behaviors, have increased more than 40 percent over the last decade.[27] They are the leading cause of death and disability for children ages three to 17.[28] Yet, only a small fraction of children are able to access needed mental health care due to a range of barriers, including the lack of providers, insurance barriers, transportation, and high costs.[29]

It has been documented that certain populations fare worse than others. For example, low-income children have disproportionately higher rates of poor health outcomes than their higher-income counterparts.[30] Low-income children also are "less likely to have health insurance and access to quality health care, and more likely to experience exposure to environmental risks."[31] Immigrant children, including U.S. citizen children in mixed status households, have higher rates of mental health conditions, including anxiety, depression, and post-traumatic stress.[32] Yet, they access mental health care at even

lower rates than other children and face additional barriers, including language barriers and fear of healthcare providers asking about immigration status.[33]

Programs like the Substance Use Prevention, Treatment, and Recovery Services Block Grant and Community Mental Health Services Block Grant allow states the flexibility to create a system of services to meet the behavioral health needs in their communities. From prevention services to early intervention and treatment and peer recovery supports, these programs provide life-saving care for those most in need.

Over 23 percent of adults in this country, or 59.3 million people, have reported or been diagnosed with a mental health condition.[34] We lose someone to suicide every 11 minutes.[35] Concurrently, we continue to face a drug overdose crisis; one in three people knows someone who has died from a drug overdose.[36] As it is, the overwhelming majority of people who need substance use disorder (SUD) treatment do not receive it, often due to stigma, cost, and not knowing where to go.[37] Limiting culturally and linguistically concordant care through PRWORA interpretation restrictions will worsen MH and SUD outcomes for many populations.

Untreated and undertreated mental health conditions indirectly cost the U.S. nearly $200 billion in lost productivity.[38] This number climbs higher when accounting for untreated physical health conditions, which more commonly co-occur in people with untreated mental health conditions. The Mental Health Block Grant is used to offer mental health services to individuals who are most vulnerable and severely impacted by their condition. When critical services provided through these grants are not able to be offered by states, individuals and families suffer, crises are more likely to occur in the community, and a higher burden is placed on first responders, especially in less-resourced rural and remote communities. Public safety officers lack necessary training to appropriately respond to mental health crises and forcing them to do so–the result when community services are not accessible–redirects resources away from resolving true public safety matters.[39] Placing additional restrictions on states' and community service providers through this interpretation of the PRWORA also limits the ability to address physical and mental health conditions from a population level approach that values overall health of all participants in a society.[40]

These grant programs are effective. An impact evaluation of the Substance Use Prevention, Treatment, and Recovery Services Block Grant program shows positive results in all categories of outcome measures: alcohol and drug abstinence, employment/school participation, stable housing, social connectedness, involvement in the criminal justice system, and retention in treatment.[41] Additionally, the program has not only increased coordination among state agencies, but built state-level infrastructure to meet the needs of its communities. Changing how the program functions will jeopardize all the progress states have made across the country, making the system of care less efficient.

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.[42] The 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.

Title IV-E Prevention Services

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. 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.

Health Workforce Programs

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.

Other programs listed in this notice like Certified Community Behavioral Health Clinics administered by the Substance Abuse and Mental Health Services Administration may be the only sources of accessible care in some areas, as they are required to serve individuals regardless of where they live or their ability to pay. This proposal to narrow eligibility will make it more difficult or impossible for many to get the care they need, jeopardizing their and the public's health at large. Disruptions in care are particularly harmful for people with chronic health needs like serious mental health conditions or substance use disorders for whom a lapse in care can be fatal.

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

HHS made this notice effective immediately and only provided 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.[43] HHS should pause implementation of this reinterpretation immediately and allow for a full stakeholder engagement process including a proper notice and comment period.

Conclusion

The economy benefits from the contributions of immigrant families nationwide. Stripping them of crucial support programs is both senseless and harmful to the communities to which these families belong. This notice risks devastating early learning, community and mental health, addiction treatment, and other programs, and the communities they serve, across the country. This reversal on a nearly 30-year-old interpretation of PRWORA, in many cases, violates statutory requirements for changes to program eligibility, and is both broadly counterproductive and harmful to programs that serve vulnerable children and their families. We strongly urge you to withdraw this notice.

For further information or any questions, please contact Wendy Cervantes, Director of Immigration and Immigrant Families at the Center for Law and Social Policy, at wcervantes@clasp.org.

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