Center for Public Representation

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

To Whom It May Concern:

We write on behalf of the Center for Public Representation (CPR), a national legal advocacy center dedicated to enforcing and expanding the rights of people with disabilities. We write in opposition to the Department of Health and Human Services' (HHS) harmful new interpretation of a "Federal public benefit" under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA).

For more than 50 years, CPR has used legal strategies and policy to implement system reform initiatives that promote community integration, choice, and personal autonomy for people with disabilities. CPR is committed to ensuring that all people with disabilities have access to the services and supports they need to live, work, and participate in their own communities. CPR's work includes providing technical assistance and support to a network of federally funded protection and advocacy programs in each state and territory of the United States. CPR has litigated systemic cases on behalf of people with disabilities in more than twenty jurisdictions, involving access to federally funded services and supports that people with disabilities need to be integrated in their communities.

By adopting an expanded definition of federal public benefits, HHS will deprive people with disabilities in certain immigrant categories of critical medical and behavioral health services harming these individuals, their families, and communities. Ambiguity created by HHS' current position on immigration verification will unduly burden community organizations and state and local governments, and deter eligible individuals from receiving needed services.

CPR supports and incorporates herein the comments of the National Immigration Law Center, the National Health Law Program, and the National Women's Law Center, and offers additional comments below.

Background

HHS reinterpretation of the PRWORA upends nearly 30 years of statutory interpretation. It will affect the ability of millions of immigrants and their families to access critical health and safety-net programs funded by HHS, and threatens to impose burdensome new verification requirements on state and local governments. Enacted in 1996, PRWORA made a range of federal public benefit programs available only to "qualified immigrants," subject to certain exceptions. The law defines qualified immigrants to include 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. However, some people who are lawfully present were excluded from this list, including individuals with Temporary Protected Status, people with nonimmigrant visas, and individuals granted deferred action, including Deferred Action for Childhood Arrivals (DACA).

In 1998, HHS issued a Notice regarding its interpretation of the term "Federal public benefit," explaining which Department programs met the definition. (1998 Notice). This Notice identified 31 programs available to only "qualified" immigrants, including Medicare, Medicaid, Temporary Assistance for Needy Families, and a range of cash-assistance programs. However, HHS determined that other programs deemed to serve the broader community, including certain prevention programs, were not Federal public benefits and could therefore be accessed without regard to immigration status. The 1998 Notice provided a reasoned interpretation of the statutory definition to explain how these programs were identified.

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 provide critical services that support people with disabilities, including: Certified Community Behavioral Health Clinics; Community Mental Health Services Block Grants (funding crisis intervention, emergency services, suicide prevention, and peer support programs); Head Start; and the Substance Use Prevention, Treatment, and Recovery Services Block Grants, among others. Limiting access to these programs will have immediate negative effects on the health and welfare of not only immigrant populations, but communities as a whole.

Expanding the Federal Benefit Definition Will Harm the Health of Immigrant Families and the Larger Community.

HHS' reinterpretation of the definition of "Federal public benefit" in PRWORA of 1996 is based on flawed reasoning, contravenes nearly three decades of established policy, and will cause serious and irrevocable harm to the health and well-being of immigrant families who already have limited access to essential programs and services. When these families face barriers in securing services that are essential to their health, safety, and economic

security the resulting harm impacts not only persons directly barred from these programs but also mixed-status families and broader communities.

Authorizing statutes for many mental health and SUD programs describe a range of service benefits that are generally targeted to communities or specified sectors of the population which, under the 1998 Notice, means they are not a Federal public benefit or based upon individually-determined eligibility criteria.[1] The new expanded definition will eliminate or at least drastically limit access to a wide range of mental health and SUD services and will most certainly create more health emergencies. Furthermore, additional barriers in access to care created by an expanded definition of Federal public benefits will lead to significant and predictable negative consequences for the community at large. For example, limitations on access to community-based mental health crisis intervention, hospital diversion, community stabilization, and SUD services—especially those delivered by local community health centers and funded through mental health block grants will increase utilization of other costly safety net programs like hospital emergency departments. As a result, the availability of these essential medical resources will diminish. Similarly, the inability to access preventative and recovery-oriented SUD services will increase demands on, and divert resources from, public safety systems, with a major burden on local police departments.

This new Notice reinterpreting the definition of Federal health benefits will cause harm to families and create additional burdens on local communities and taxpayers across this country.

Programs Newly Defined as Federal Public Benefits Provide Critical Benefits to People with Disabilities

CPR has expertise and experience with the following programs that were previously excluded from the definition of Federal public benefits given their focus on helping entire communities. According to the Notice, these programs are now unavailable to certain individuals with disabilities who need them, which will harm them, their families, and their communities.

- **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

[1] The 1998 Notice requires that Federal Public Benefits be provided to an "individual, household, or family eligibility unit" which "does not include benefits that are generally targeted to communities or specified sectors of the population. . . For example, in order for a program to be determined to provide benefits to "eligibility units'' the authorizing statute must be interpreted to mandate ineligibility for individuals, households, or families that do not meet certain criteria, such as a specified income level or a specified age. Many HHS programs are targeted to meet the needs of certain populations such as children or pregnant women. . ." 63 F.R. 41659.

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 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.

CCBHCs were developed over many years and with multiple Congressional actions, none of which sought to change eligibility criteria.[2] CCBHCs offer 24/7 crisis services as an alternative to more costly emergency department admissions or law enforcement involvement. CCBHCs offer a wide array of services, including responding to urgent/emergent needs, making them particularly incompatible with new, time-sensitive verification requirements. Moreover, any additional verification burden will divert resources from already strained programs.

- **Community Mental Health Services Block Grant** - The Community Mental Health Services Block Grant (MHBG) 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 should remain statutorily exempt, as this critical program is among the few funding options available for reaching those with complex mental health needs who might otherwise face unnecessary, prolonged, and costly institutional care.

  Consider two examples of services funded under MHGB, both of which would be significantly less beneficial for the public at large if eligibility requirements were introduced:

  Peer services comprise an essential part of the recovery continuum of care for treatment of mental illness and SUD. These non-clinical services engage people who may otherwise be unwilling to begin treatment and offer everyday life examples of what life in treatment and/or recovery might look like. Users of, for example, peer living rooms may walk in the front door of a building and speak with a mental health professional without having to undergo a detailed clinical assessment or application process. For many, this is the first step to seeking more comprehensive treatment and additional questions around eligibility at this stage would certainly have a chilling effect on the person's willingness to seek help in the first instance.

[2] *See* SAMHSA, History and Background of CCBHCs, describing the 2014 passage of PAMA including the CCBHC Medicaid Demonstration, the 2018 $100 million appropriation through SAMHSA to establish the CCBHC Expansion Grant Program to directly fund behavioral health partners, the 2019 $150 million appropriation for SAMHSA to support additional CCBHC expansion, and subsequent appropriations through 2024. https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics/history-background.

Crisis warmlines offer a confidential free mental health support system meant to proactively address or prevent a life-threatening mental health emergency. The addition of a time-consuming application process, with detailed and personally threatening eligibility questions, would certainly chill any peer-to-peer conversation or even the individual's willingness to seek help in the first instance.

- **Head Start** - Head Start provides 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, and is one of the first opportunities children with disabilities to prepare to succeed in school and in life. The effects of Head Start are well-documented; Head Start significantly improves the health, educational outcomes, and financial prospects of participating families. The Head Start program should not be defined as a public benefit and should remain statutorily exempt. Head Start ensures that children are prepared for K-12 education, and the sudden recategorization would plunge millions of families and children into uncertainty.

  Timely access to these services for children with disabilities, including developmental and behavioral health services available through the Head Start program, make families and communities healthier, prevent future reliance on more costly interventions, and help children succeed in their local schools.

- **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 should 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.

- **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. Funds are allocated to a designated unit of a state's executive branch, which distributes resources to local government entities, which, in turn, further allocates funds to sub-recipients like community- and faith-based organizations for substance use prevention activities, treatment, and recovery

support services.[3] 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. No less than 20% of SUBG allotments must be spent on primary prevention strategies directed at individuals not identified to be in need of treatment. The purpose of these prevention programs will be significantly undermined should grantees need to engage in complicated, time-consuming data collection and eligibility verification procedures. Administering an expanded interpretation of federal benefits would divert resources from the delivery of SUD interventions, delay access to treatment, and create additional barriers for individuals seeking assistance with their recovery.

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) program should not be defined as a Federal public benefit and should 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. Doing so would push thousands further into the dangers of substance use and addiction.

- **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 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 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. Time and again as we speak to states about healthcare for people with disabilities we hear about provider shortages. Training the healthcare workforce should be of highest priority as the U.S. population ages. Health Workforce Programs not otherwise previously covered should not be defined

[3] Substance Abuse and Mental Health Services Administration (SAMHSA), *Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG),* SAMHSA (last updated Apr. 24, 2023), https://www.samhsa.gov/grants/block-grants/subg.

as Federal public benefits and should 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 should 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.

New or Additional Verification Requirements Will Create Additional Burdens

The 2025 Notice does not formally revise PRWORA's verification requirements at this time, but does discuss at length the administration's opposition to providing immigrants with public benefits. The Notice suggests that even excepted entities are not prohibited from conducting verification and that "all entities that are part of HHS's administration of public benefits should pay heed to the clear expressions of national policy [of disfavoring aid to immigrants]." Given this informal but clear message, these comments address the harms of actual or threatened verification requirements.

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 additional 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. In fact, the 1998 Notice addressed just this issue, saying, "[t]his interpretation requires verification only for those activities within programs that have eligibility units defined by statutory eligibility criteria. Otherwise, a great deal of needless and costly verification might have been undertaken." 63 F.R. 41661. The 1998 Notice also acknowledges that in certain instances the eligibility of individuals, households, or family units would not be a necessary consideration for fund expenditure.[4]

[4] See 63 F.R. 41660 "For example, some states may provide LIHEAP funds for weatherization of multi-unit buildings. These funds would not be considered a "Federal public benefit'' since the eligibility of individuals,

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 verification requirements would be even more unaffordable. Burdensome documentation requirements and administrative red tape already is a major barrier to effective administration and utilization of federally funded programs. Low-income families utilizing the programs newly targeted by HHS also face "time poverty" which limits their ability to attend to and comply with excessive paperwork requirements. Similar federal paperwork already costs 10 billion hours and $276.6 billion annually. Adding unnecessary additional requirements will lead to less time and money for these entities – and the providers they fund - to carry out their core missions.

Nonprofit Charitable Organizations

As the 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 will certainly lead to confusion among nonprofit organizations. These entities also 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. This statement also is very likely to have a chilling effect on nonprofit charitable organizations, leading them to reduce services and/or limit access for the immigrant populations they serve. Additionally, it may cause eligible individuals and families to forego services for fear of immigration consequences. HHS should clarify that no nonprofit will be adversely affected if they do not divert funds and staff time to verify clients' immigration status. The suggestion that community programs should "conduct verification of the immigration status of a person applying for benefits" also ignores that certain components of these programs have no application process at all.[5]

Consider North Carolina's use of Community Mental Health Block Grants to fund providers of mobile crisis intervention services, where some providers are nonprofits. By their very nature, mobile crisis services cannot conduct eligibility verifications during an emergency, and emergency services are specifically excepted in the statute.[6] However, while no

households, or family units is not considered in determining whether such funds will be used to improve the building."

[5] See, for example SUBG primary prevention strategies like "Environmental" which "establishes or changes written and unwritten community standards, codes, and attitudes. Its intent is to influence the general population's use of alcohol and other drugs." available at https://www.samhsa.gov/grants/block-grants/subg.

[6] 8 U.S.C. § 1611(b)(D).

verification is required for these services, the informal suggestion in the Notice to "heed" this administration's priorities could create a chilling effect or result in fear-based verification that organizations take upon themselves, thus diminishing effective access to time sensitive services.

Block Grants are also used to fund peer support services like a crisis warmline, crisis teams, peer respites, and peer living rooms. The goal of a peer living room is to reduce barriers to access to care for individuals living with mental health distress, offering a non-clinical approach that is open to anyone in need. If service providers attempt to impose verification requirements out of fear or confusion, it would undermine the programs' mission and likely prove impossible given the open-access nature of their programs. Moreover, subjecting people with serious mental illness to a screening process, particularly during a mental health crisis, would likely chill participation by many individuals including those who are deterred by possible immigration consequences. The anti-immigrant statement of expectation runs counter to the statutory goal of "the maximum participation of residents of the low-income communities and members of the groups served by programs assisted through the block grants made under this chapter to empower such residents and members to respond to the unique problems and needs within their communities." 42 U.S.C. § 9901(2)(D).

The Agency's *Loper Bright* Analysis is Incomplete and Incorrect

The Department justifies its change in position by relying on a single quote from *Loper Bright Enters. v. Raimondo*, 603 U.S. 369, 400 (2024): "…in the business of statutory interpretation, if [an agency's interpretation of a statute] is not the best, it is not permissible." This reliance on recent Supreme Court case law in support of their Notice is misplaced.

The 2025 Notice completely ignores *Loper Bright's* holding that *courts*, not agencies, decide what statutes mean, what degree of deference is applicable to agency interpretations, and whether to consider an agency action permissible under the statute in question. The Notice also fails to address whether or how the Supreme Court's analysis in *Loper Bright* applies to its reinterpretation of an existing statutory definition, particularly given its reversal of three decades of consistent agency interpretation and the longstanding reliance interests of thousands of health, mental health, and substance use disorder providers. This type of reinterpretation arguably runs counter to the goals articulated by the *Loper Bright* Court by unsettling longstanding expectations and established patterns of government conduct based upon no new information, no change in facts, and no Congressional directive. In fact, the only justification for this unfounded reinterpretation is the agency's unilateral announcement that it knows best the meaning of the authorizing statute. This *ipse dixit* pronouncement that the "best" interpretation of PRWORA is a wholesale reversal of the agency's long standing interpretation of the statute is directly contrary to *Loper Bright's* holding and, ironically, the fundamental rationale that Justice Gorsuch points to in his concurrence for reversing *Chevron* deference. *Loper Bright* at 433.

This new HHS interpretation of "Federal public benefit" ignores careful consideration of Congressional intent and comparison to other statutory language undertaken in the 1998 Notice.

Conclusion

We ask you to withdraw this Notice and not proceed with any further guidance, regulations, or other changes in interpreting PRWORA. Alternatively, we urge HHS to pause implementation of the proposed reinterpretation in order to allow for a full public notice and comment period. Finally, we request that our adverse comments, including any supporting materials that we have included as an active link in the text, be included as part of the formal administrative record in accordance with the federal Administrative Procedure Act. Please let us know if HHS is unable for any reason to meet our request and include our linked resources, 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 Kathy Walker with Center for Public Representation at kwalker@cpr-ma.org.

Thank you for your consideration of these comments.

Sincerely,

Center for Public Representation

/s/

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