

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

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

The Children's League of Massachusetts writes in opposition to the harmful new interpretation the Department of Health and Human Services (HHS) is taking regarding the definition of a “Federal public benefit” under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA).

The Children's League of Massachusetts (CLM) is a statewide association of child and family services organizations that collectively advocate for the availability, accessibility, and quality of services that are in the best interest of the Commonwealth's children, youth, and families.

**Background**

The Department of Health and Human Services' (HHS) is adopting a change in legal interpretation that will nationally affect millions of immigrants and their families' ability to access critical health and other safety-net programs funded by HHS, and will impose burdensome new requirements on state and local governments. Enacted in 1996, the 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. The law defines qualified immigrants as a defined list of immigrants, including 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 excluded some people who are lawfully present, including individuals with Temporary Protected Status, people with nonimmigrant visas, and individuals granted deferred



action, including Deferred Action for Childhood Arrivals (DACA). Thus, these restrictions harm not only undocumented immigrants, but also some lawfully present individuals.

On July 14, 2025, the Department disavowed the 1998 Notice interpretation and identified 13 additional programs as restricted Federal public benefits (2025 Notice).<sup>1</sup> – a major shift from long-standing federal practice under both Republican and Democratic administrations.

In Massachusetts, approximately 75,000 children under the age of 18 are foreign-born (6% of children statewide), and over 435,000 have one or more foreign-born parent (34%).<sup>2</sup> These include those with qualified and nonqualified statuses. The impact of this reinterpreted rule will reach beyond those proposed to be excluded from these programs.<sup>3</sup>

### Summary of Concerns

As pertains to the impact on children and the field of child welfare, we have multiple concerns about this new interpretation.

1. Child safety, health, and well-being is a moral imperative and mission that transcends any demographic category. We believe that exclusion of a child from protective services based solely on the immigration status of the child or their caregiver(s) is morally wrong and ultimately harmful to society.
2. While PRWORA exempts nonprofit charitable organizations from verification requirements, it does not exempt state and local governments. 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 for human services and will shift further costs to states for Medicaid and SNAP, any new requirements would be even more unaffordable. Currently our state's Department of Children and Families does not track immigration status when families are identified for services in the child welfare system. To add

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<sup>1</sup> 90 Fed. Reg. 31232 (July 14, 2025).

<sup>2</sup> [State Demographics Data | migrationpolicy.org](https://www.kff.org/racial-equity-and-health-policy/issue-brief/children-of-immigrants-key-facts-on-health-coverage-and-care/)

<sup>3</sup> Drishtii 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/>



immigration status as required documentation, verification, and monitoring would be prohibitively expensive and a waste of public resources far beyond the cost of service to the small fraction of children and families who may become disqualified under the new interpretation.

3. 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 accessing 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.<sup>4</sup> This new rule reinterpreting the definition of federal health benefits will only exacerbate these chilling effects, causing harm to families across this country. We know from research that access to basic public services including health care and food security reduces incidence of more costly child welfare system involvement.<sup>5</sup> Removing access to these upstream protections will cost public child welfare and children's health and mental health programs more in the long term, with more expensive response and treatment required down the road.
4. 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

<sup>4</sup> 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>.

<sup>5</sup> Monahan, E. K., Grewal-Kök, Y., Cusick, G., & Anderson, C. (2023). [Economic and concrete supports: An evidence-based service for child welfare prevention](#). Chapin Hall at the University of Chicago.



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. Further, limited nonprofit resources are best used by providing direct services to clients. HHS should clarify that no nonprofit will be adversely affected if they, as is their legal right, do not divert funds and staff time to force their clients to fill out paperwork.

HHS' unnecessary 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. 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 broader communities.

### Detailed Concerns

**Specifically, these child welfare programs would be newly subject to the more restricted definition of PRWORA.** Adding restrictions based on immigration status to these programs defers limited resources from direct services to unnecessary program administration, and makes it more difficult for affected children and their families to successfully reunify and exit the publicly funded child welfare system.

- **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 IV-E Agencies, including Massachusetts, (42 states, DC, 2 Territories, 11 Tribes) have approved Title IV-E plan amendments that enable them to make claims for this support.<sup>6</sup> 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 evidence-based 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.

**In addition, the reinterpretation of the rule would affect the following programs that contribute directly to the safety and well-being of children and family stability, and prevent or reduce more harmful and more costly child welfare system involvement.**

- **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

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<sup>6</sup> *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>



insurance, ability to pay, or diagnosis history. CCBHCs connect people to life-saving quality care.

- **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.
- **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.<sup>7</sup>
- **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.<sup>8</sup> The effects of Head Start are well-documented; Head Start significantly improves the health, educational outcomes, and financial prospects of participating families.
- **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.<sup>9</sup> Grantees must serve specific vulnerable populations (pregnant women and women with dependent children) and offer

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<sup>7</sup> *Community Services Block Grant (CSBG)*, Administration for Children and Families (ACF), Department of Health & Human Services (March 25, 2025), <https://acf.gov/ocs/programs/csbq>

<sup>8</sup> *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>

<sup>9</sup> *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](https://nasadad.org/wp-content/uploads/2023/01/SAPT-Reauthorization_January-Update-final.pdf)





priority services, including early HIV/AIDS intervention, tuberculosis screenings, and primary preventative care. 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 – one of the most predominant factors that drives families into the child welfare system.

- **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.

Limiting access to these services and programs will have negative effects on the health and well-being of not only immigrant populations, but vulnerable children and families in every community.

### **Insufficient Opportunity for Public Comment and Implementation**

HHS made this notice effective immediately (since delayed to early September) and only provides 30 days for comments. Together, these programs comprise over \$27 billion in federal funding.<sup>10</sup> 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.

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<sup>10</sup> 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.



CHILDREN'S  
LEAGUE  
OF MASSACHUSETTS

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PROMOTING THE WELFARE OF CHILDREN AND THEIR FAMILIES THROUGH PUBLIC POLICY

## 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 to be included as part of the formal administrative record for the proposed rule for the purposes of the federal Administrative Procedure Act.

We appreciate the opportunity to comment on this proposed rule. Please contact us with any questions or for more information from our organization's perspective.

Sincerely,

Rachel Gwaltney  
Executive Director  
Children's League of Massachusetts