

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 Colorado Center on Law and Policy (CCLP) writes in opposition to the reinterpretation of the definition of a “Federal public benefit” by the Department of Health and Human Services (HHS). CCLP is a statewide antipoverty organization advancing the rights of all Coloradans. Founded more than 25 years ago, CCLP engages in legislation, research, administrative advocacy and litigation to protect Coloradans’ ability to achieve better health and economic security.

Background

The Department of Health and Human Services’ (HHS), by reversing 30 years of legal interpretation, will harm thousands of Coloradans and prevent them and their families from accessing critical public programs, burden state and local governments and providers of services, and put people’s personal information at risk. Enacted in 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) limited access to certain federal programs to “qualified immigrants,” and included 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).

While access to certain federal benefits was not permitted for those with excluded statuses under PRWORA, other benefits that were designed to serve the larger community were identified as broadly available to all.¹ Both the Department of Justice and HHS have consistently applied that interpretation, agreeing, for example, that PRWORA’s restrictions did not apply to the Health Center program.

HHS has now abandoned this decades-long position to cut the full community off from programs that Colorado has relied on to maintain public health and wellbeing.² These programs include

¹ 63 Fed. Reg. 41658 (Aug. 4, 1998).

² 90 Fed. Reg. 31232 (July 14, 2025).



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.

HHS lacks the authority to unilaterally reverse the well-established interpretation of a 1996 federal law without Congressional or judicial action, or to dispense with the Administrative Procedure Act's notice-and-comment requirements. What harms the health and the rights of our neighbors, colleagues and fellow students, whatever their national origin, harms all of us.

The Existing Structure Already Created Significant Barriers for Immigrant Coloradans, Despite their Role in Powering Colorado's Economy

Immigrants in Colorado already have limited access to essential programs and services. For many, full scope Medicaid, Medicare, Temporary Assistance for Needy Families (TANF) and a host of other anti-poverty and social welfare programs are already unavailable due to PRWORA, despite their significant value to the Colorado economy. Immigrants pay an estimated \$2.5 billion in state and local taxes and twice that much in federal taxes. They are more likely than non-immigrant Coloradans to be employed, constituting 10 percent of the population but 12 percent of the workforce.³ Certain industries have even higher percentages of immigrant workers. Colorado's ability to sustain its housing industry, manufacturing, and agricultural and livestock markets, depends heavily on the wellbeing of our immigrant residents.⁴

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. Two in nine children in Colorado have at least one immigrant parent. We know from prior experience that anti-immigrant policies have a chilling effect that harms a much larger circle of individuals. Trump administration policies in 2016-2019 that were designed to prevent immigrant parents and other adults from accessing healthcare resulted in loss of coverage for many thousands of children who were still eligible.⁵ CCLP heard first-hand during that period about families who, out of fear, disenrolled children and other eligible family members from coverage.

The weaponizing of PRWORA against immigrants will only exacerbate these chilling effects, causing harm to families across Colorado and the U.S.

³ *Profile of immigrants in Colorado*. Vera Institute, March 2025. https://vera-institute.files.svdcn.com/production/downloads/publications/CO_Immigrant_Population_Profile.pdf

⁴ Immigrants in Colorado. American Immigration Council, 2025. <https://map.americanimmigrationcouncil.org/locations/colorado/>

⁵ 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>.



Verification Requirements Will Reduce the Efficiency of State and Local Governments and Local Nonprofits

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. Colorado is facing a mid-year budget shortfall of \$1.2B due to H.R. 1, the so-called “One Big Beautiful Bill,” as well as budget shortfalls for years to come. With this Notice, Colorado is faced with yet another dictum that will result in the state wasting still more resources on red tape.⁶

Red tape is already a major barrier to effective utilization for federally funded programs. Federal paperwork costs 10 billion hours and \$276.6 billion annually.⁷ As CCLP learned during the year of mass renewals post-COVID, Colorado’s ability to institute changes, adjust forms, and program IT systems is already been hampered by inadequate funding for the public benefits infrastructure. When systemic weaknesses result in the improper disenrollment of thousands of Coloradans, that has deep economic impacts.⁸

Guidance to Nonprofits is Confusing and Contradicts Existing Law

Although the notice acknowledges that PRWORA does not require nonprofit charitable organizations that administer Federal public benefits to conduct eligibility verifications, the notice also indicates that they “should pay heed to the clear expressions of national policy,” under President Trump’s anti-immigrant executive orders.

To prevent harms to public health and erosion of community trust in local organizations, and to prevent the waste of taxpayer dollars on red tape, HHS should clarify that no nonprofit will be adversely affected if they, as is their legal right, do not force their clients to fill out paperwork.

Programs Newly Defined as Federal Public Benefits

According to the notice, the following programs that were previously excluded, given their focus on helping entire communities, will be newly considered Federal public benefits. **None should be defined as a federal public benefit and all should remain statutorily exempt.**

- **Certified Community Behavioral Health Clinics** - Certified Community Behavioral Health Clinics (CCBHCs) are specific clinics that provide critical and

⁶ Delilah Brumer, *Colorado state budget faces \$1.2B shortfall in wake of Republicans’ federal policy bill*. Colorado Newswire, July 30, 2025. <https://coloradonewswire.com/2025/07/30/colorado-state-budget-faces-1b-shortfall-in-wake-of-republicans-federal-policy-bill/>

⁷ Dan Goldbeck, *The Hidden Cost of Federal Paperwork*, American Action Forum. (October 27, 2021), <https://www.americanactionforum.org/insight/the-hidden-cost-of-federal-paperwork/>

⁸ Phyllis Resnick. *The Economic Impact of Medicaid Disenrollments in Colorado*. Colorado Futures Center, Jan. 2025. <https://coloradohealth.org/sites/default/files/documents/2025-02/The%20Economic%20Impact%20of%20Medicaid%20Disenrollment%20in%20Colorado%202025.pdf>

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. The abrupt change in access to community-based mental health care will cause suffering on the individual and community level, and result in increased burden on hospital emergency departments and the criminal justice system.

- **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 funding. In Colorado, those funds are used for housing, workforce development, nutrition, and education services for lower-income communities, with local governments identifying areas of greatest need. Nationally, CSBG-funded programs serve over 9 million vulnerable children and adults each year.⁹
- **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.¹⁰ Already impacted negatively this year by federal failure to provide consistent funding,¹¹ Colorado's Head Start programs have been working to expand the number of infants and toddlers who benefit, increasing slots by 15% in the most recent year reported but faced again with contraction. In El Paso County, 24 percent of Head Start enrollees are children of active duty or veteran parents and 91 percent are below the poverty level.¹² The effects of Head Start are well-documented.
- **Health Center Program** - For decades, federally-funded health centers have connected communities to low-cost, high-quality, comprehensive dental, medical, and mental health services. Restrictions called for in the notice are contradicted by existing law, and Section 330 of the Public Health Service Act governs, in its clear statement that Health Centers must "support...the primary health services...for *all residents* of the area served by the center [*emphasis added*]."¹³ The phrase is clear

⁹ *Community Services Block Grant (CSBG)*, Administration for Children and Families (ACF), Department of Health & Human Services (March 25, 2025), <https://acf.gov/ocs/programs/csbg>

¹⁰ *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>

¹¹ Sara Wilson, *Some Head Start programs in Colorado face confusion, system errors after Trump funding freeze*. Colorado Newswire, Feb. 7, 2025. <https://coloradonewswire.com/2025/02/07/some-head-start-programs-in-colorado-face-confusion-system-errors-after-trump-funding-freeze/>

¹² Brett Forest, *Head Start is El Paso County's largest child care provider, Trump budget proposal recommends cutting it*. KOAA, May 1, 2025. <https://www.koaa.com/news/covering-colorado/head-start-is-el-paso-countys-largest-child-care-provider-trump-budget-proposal-recommends-cutting-it>

¹³ 42 U.S.C. 254b(a)(1)(B)

and does not permit an interpretation that would exclude particular immigrants. Community Health Centers do not, and cannot, impose eligibility requirements on their services without putting themselves at risk of liability, as follows:

- **Medical malpractice risk**, particularly under the Federal Tort Claims Act;
- **Patient abandonment claims**, if care is withheld or terminated; or
- **Civil rights and anti-discrimination violations**, given that denial of care under these conditions could disproportionately affect certain populations.
 - Community Health Centers are also subject to state anti-discrimination laws in conflict with the FRN implications.

Public health is a primary goal of CHCs. Recognizing that public health can only be protected if all members of a community are part of prevention efforts, PRWORA lifts limitations related to status on access to immunizations and testing for communicable diseases.¹⁴ CHCs' ability to help prevent the spread of communicable disease is built on the trust that has been established over decades between local residents and each clinic. Without that trusted outpatient provider, more Coloradans will be forced to let conditions worsen, will be relegated to emergency rooms for care, and will be less able to support their families and contribute as taxpayers to the state and national economy.

- **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. Enacting legislation contains no limitations based on status.¹⁵ 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.¹⁶ 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. Colorado has experienced a long-standing mental health and substance abuse crisis, at

¹⁴ § 410(b)(1)(C) of PRWORA

¹⁵ H.R. 3789 – Stewart B. McKinney Homeless Assistance Amendments Act of 1990.

¹⁶ *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

great cost to its residents and the state economy.¹⁷ These grants provide essential tools to help reverse those impacts.

- **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.
- **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, Colorado has an approved Title VI-E plan amendment that enables the state to make claims for this support.¹⁸ The program is an essential part of supporting family stability and meeting children’s individual needs.
- **The Title IV-E Prevention Services Program** – Title IV-E Prevention Services are a critical, time-limited lifeline for children at risk of entering foster care, pregnant or parenting youth in foster care, and their parents or kin caregivers. These services include mental health care, substance abuse treatment, and in-home parent skill-building and are designed to keep families together and stabilize placements. Defining Title IV-E Prevention Services as a “federal public benefit” would violate the program’s statutory exemption and erect dangerous new barriers to care. Such restrictions will sever vulnerable children and their caregivers from essential support, pushing more families into crisis and more children into the foster care pipeline.
- **Title X Family Planning Program** – Title X is the nation’s only federal program dedicated to ensuring that individuals with low incomes, including those without insurance, can access high-quality, culturally responsive family planning and preventive health care. These clinics are often the sole source of care for millions, providing cancer screenings, STI prevention, HIV services, and contraceptive counseling. Defining Title X as a “federal public benefit” would ignore its statutory exemption and gut access to essential health care for entire communities. The result would be a predictable public health disaster: more undetected cancers, more untreated infections, more unintended pregnancies, and greater strain on already overburdened systems.
- **Health Workforce Programs not otherwise previously covered (including grants, loans, scholarships, payments, and loan repayments).** – The Bureau of Health Workforce’s grants, loans, scholarships, and repayment programs are not handouts—they are strategic investments in keeping communities healthy and staffed with

¹⁷ Jose Esquibel. *Report: Opioid crisis has cost Colorado’s economy at least \$21B*. Colorado Consortium, 2019. <https://corxconsortium.org/report-opioid-crisis-has-cost-colorados-economy-at-least-21-billion/>

¹⁸ *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>



qualified professionals. These programs grow and retain the health workforce, particularly in underserved areas where provider shortages are already severe. Defining these programs as “federal public benefits” would choke off the pipeline of new providers, shrink the workforce, and undermine our nation’s ability to respond to health crises. These programs are statutorily exempt and must remain so if we are serious about safeguarding public health.

- **Mental Health and Substance Use Disorder Treatment, Prevention, and Recovery Support Services Programs administered by the Substance Abuse and Mental Health Services Administration.** – The United States is in the midst of a mental health and substance use crisis. SAMHSA’s treatment, prevention, and recovery programs are a lifeline for millions—often the only accessible resource for people seeking help. Redefining these statutorily exempt programs as “federal public benefits” will not just reduce access; it will directly worsen the crisis, destabilizing people in recovery, cutting off those seeking treatment, and overwhelming emergency and criminal justice systems. These programs are not optional, they are a public health necessity.

A 30 Day Comment Period and No Delay in Implementation is Inadequate

HHS makes this notice effective immediately and only provides 30 days for comments. This process violates legal requirements on several accounts. It lacks transparency, contradicts what appears to be the settled intention of Congress in passing PRWORA, and does not allow for the consideration and incorporation of public comment. Nor does it demonstrate an understanding of the workings of these federal programs or the government entities and nonprofit organizations that implement them. It upends the established practices and well-founded expectations of thousands of local, municipal and state governments and nonprofits.

Together, these programs comprise over \$27 billion in federal funding.¹⁹ HHS should pause implementation of this notice immediately. Should it decide to proceed, it must allow for a full stakeholder engagement process that includes a lawful foundation for the interpretation and 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.

¹⁹ 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.



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 Bethany Pray at the Colorado Center on Law and Policy.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Pray', is positioned above the typed name.

Bethany Pray
Chief Legal and Policy Officer
Colorado Center on Law and Policy