



A Passionate Voice for Compassionate Care

August 13, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

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

Dear Secretary Kennedy,

The Catholic Health Association of the United States appreciates the opportunity to submit these comments on the Department of Health and Human Services’ (HHS) Notice with 30-day comment period, Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of “Federal Public Benefit” published in the Federal Register on July 14, 2025. (90 Fed. Reg. 31232). We are deeply concerned that the expansion of programs subject to restrictions on non-citizens access to federally funded services and benefits will cause great harm to many categories of immigrants, refugees and asylees, including those who are here lawfully. They will now face waiting periods or ineligibility for many federal programs, including programs providing access to necessary health care and mental health services. We are also concerned with the additional burdens that will be placed on health care providers when non-citizens needing health care find themselves with no other alternative than going to an emergency room for care. **CHA opposes the expansion of the PRWORA restrictions and urges HHS to withdraw the Notice.** In addition to our comments below, CHA supports the comments submitted by the United States Conference of Catholic Bishops and Catholic Charities USA.

CHA is the national leadership organization of the Catholic health ministry, representing more than 2,000 Catholic health care sponsors, systems, hospitals, long-term care facilities and related organization across the continuum of care. CHA represents the largest not-for-profit providers of health care services in the nation. With more than more than 4.5 million admissions to Catholic hospitals each year 1 in 7 patients in the United States is cared for in a Catholic hospital each year. All 50 states and the District of Columbia are served by Catholic health care organizations and approximately 750,000 individuals are employed in Catholic hospitals.

As a Catholic health ministry, our mission and our ethical standards in health care are rooted in and inseparable from the Catholic Church's teachings about the dignity of each and every human person, created in the image of God. These values form the basis for our steadfast commitment

to the compelling moral implications of our health care ministry and have driven CHA's long history of insisting on and working for the right of everyone to affordable, accessible health care, without limits or variation based on age, race, ethnicity, or financial means, or one's health, immigration or employment status. Our members are committed to providing health care services to any person in need of care, without regard to race, color, national origin, sex, age, or disability, or any other category or status.

The social teachings of the Catholic Church also provide the foundation for how CHA's members serve immigrants and how our health ministry addresses immigration policy. In their 2003 pastoral letter on immigration *Strangers No Longer*, the bishops of the United States stated that regardless of their legal status, immigrants, like all persons, possess inherent human dignity which should be respected. The Catechism of the Catholic Church teaches that "The more prosperous nations are obliged, to the extent they are able, to welcome the foreigner in search of the security and means of livelihood which he cannot find in his country of origin. Public authorities should see to it that the natural right is respected that places a guest under the protection of those who receive him."¹

Pope Leo XIV speaks of migrants as missionaries of hope. The Holy Father also writes "At the same time, the communities that welcome them can also be a living witness to hope, one that is understood as the promise of a present and a future where the dignity of all as children of God is recognized. In this way, migrants and refugees are recognized as brothers and sisters, part of a family in which they can express their talents and participate fully in community life."²

As a Catholic ministry, CHA shares this commitment to helping those who have come to the United States from other countries. Catholic health care organizations serve immigrants, including refugees and victims of human trafficking, in their clinics, emergency rooms, and in their facilities. Catholic health care also employs many people who have left their homeland, seeking a better life for themselves and their communities. The Catholic health ministry has long supported access to health care for all immigrants.

- **Background**

PRWORA, enacted in 1996, significantly restricted the ability of non-citizens to access benefits and services under federal programs. The restrictions apply to "federal public benefits," defined in 8 U.S.C. 1611(c)(1)(A) and (B) as:

¹ Catechism of the Catholic Church [2241].

² Message of Pope Leo XIV for the World Day of Migrants and Refugees 2025, October 4-5, 2025, issued July 25, 2025.

- (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 by appropriated funds of the United States.

PRWORA generally allows federal agencies to identify which of their programs meet the definition of a “federal public benefit.” HHS published a Notice in 1998 (the 1998 Notice) interpreting “federal public benefit” and listing 31 of its programs that met the definition.³

Several categories of immigrants are designated as qualified non-citizens, which includes lawful permanent residents, refugees, asylees (but not individuals with a pending asylum application), certain humanitarian parolees, victims of human trafficking, and others.⁴ Qualified non-citizens may receive federal public benefits, although generally they must wait five years before they can become eligible for means-tested federal benefits.⁵ Immigrants not meeting the statutory definition of qualified non-immigrant are ineligible for federal public benefits unless an exception applies. That includes not only undocumented immigrants, but also some lawfully residing immigrants such as holders of work and student visas and individuals with a pending application for asylum.

Unless an exception applies, entities administering the federal public benefit must ask about an applicant’s immigration status and verify their response against Department of Homeland Security records. Nonprofit charitable organizations are exempt from this requirement.⁶

- **HHS’ 2025 Notice**

In the Notice published in the Federal Register on July 14, 2025 (2025 Notice) HHS announced significant changes to its interpretation of the term “federal public benefit.” The policy change was to take place immediately, with a 30-day comment period.⁷ HHS now specifically rejects the reasoning of the 1998 Notice and reinterprets the terms “grant” and “eligibility unit” in 8 U.S.C. 1611(c)(1)(A) and (B). In the 1998 Notice, HHS took the position that block grants for state and local governments were generally exempt from the definition of “grants” under paragraph (A) of the definition of “federal public benefits.” It interpreted the qualification “eligibility unit” in paragraph (B) to mean that the benefit must be subject to eligibility criteria

³ 63 Fed. Reg 41658 (Aug. 4, 1998); see also 90 FR 31232 (July 14, 2025).

⁴ 8 U.S.C. §1641.

⁵ 8 U.S.C. §1613.

⁶ 8 U.S.C. §1642.

⁷ According to the HHS website, “enforcement and application” have been delayed to September 10, 2025. <https://www.hhs.gov/press-room/prwora-hhs-bans-illegal-aliens-accessing-taxpayer-funded-programs.html>, accessed August 12, 2025.

that included some people and excluded others. In other words, a “federal public benefit” was a program in which an individual, household or family must meet specific eligibility requirements (for example, income level or specific age) to receive the benefit. Under this rationale, the definition would not apply to benefits that are generally targeted to communities in a population, including groups defined based on gender, general age groups (youth, elderly) or a particular condition or disease, such as the Maternal and Child Health program.⁸

HHS now rejects that decades-old understanding of the statutory language and asserts that the definition applies to any public benefit received on a per-individual, per-household, or per-family basis, regardless of whether strict eligibility criteria apply.

- **Violation of the Administrative Procedures Act**

The 2025 Notice violates the Administrative Procedures Act (APA). First, it is a substantive rule which requires notice and comment rulemaking. It affects individual rights and obligations – HHS acknowledges that “numerous” individuals will be denied benefits to which they have long been entitled.⁹ It also makes significant changes in existing law or policy, overturning how the law has been consistently interpreted and applied since its passage by several Administrations of both parties. It is therefore a substantive rule.¹⁰ Failure to follow APA notice and comment procedures renders the 2025 Notice invalid.

The 2025 Notice also violates the APA because it is arbitrary and capricious. Agencies are required to consider any reliance interests affected by their actions¹¹ but HHS specifically declined to do so.¹² States and service providers have long-established programs and procedures that now must be drastically and immediately altered to accommodate the application of PRWORA restrictions to new federal funding streams.

In addition, the 2025 Notice is contrary to law. It contradicts the clear meaning of the statute by denying access to programs that Congress intended to be generally available to the public. The language of PRWORA restricts immigrant access only to programs that require an application or impose eligibility requirements. The first prong of the definition of “federal public benefit” lists programs that, by definition, must be applied for (grants, contracts, loans, licenses). Section 1642 instructs the Attorney General to promulgate verification and proof of citizenship procedures for “persons applying for” federal public benefits, and to verify that “a qualified alien ...is eligible to

⁸ See 63 Fed. Reg. 41658.

⁹ 90 Fed. Reg. at 31238.

¹⁰ See *Chrysler Corp.* v. *Brown*, 441 U.S. 281, 302 (1979); *Powderly v. Schweiker*, 704 F.2d 1092, 1098 (9th Cir. 1983).

¹¹ See *Dep’t of Homeland Sec. v. Regents of the Univ. of California*, 591 U.S. 1, 30 (2020); *Michigan v. E.P.A.*, 576 U.S. 743, 753 (2015).

¹² 90 Fed. Reg. at 21328.

receive such benefit.”¹³ The second prong of the definition refers to benefits or assistance to “an individual, household, or family eligibility unit.” Taken together, these provisions make clear that, contra HHS’ new interpretation, Congress intended to deny non-qualified immigrants access only to federal programs that must be applied for and impose specific eligibility requirements on applicants, not to programs generally available to the public. Yet the 2025 Notice purports to restrict access to generally available programs such as health clinics, homeless services, soup kitchens, food banks and substance abuse counseling.

Including the Health Center Program on the list on newly restricted programs is also contrary to law. The Health Center Program, enacted several months *after* PRWORA, requires funded health centers to provide health services to “all *residents* of the area served by the center”¹⁴ (emphasis added) with no qualifications excluding categories of immigrants. Congress having just enacted broad limitations on immigrant access to federal benefits, would surely have done so here if that had been its intent. Instead, it specified that health clinics should serve all residents. The 2025 Notice’s application to the Health Center program is contrary to law.

- **Harm to Vulnerable Citizens and Non-Citizens**

CHA is deeply concerned about the harm that will be inflicted upon both citizens and non-citizens by the 2025 Notice. Congress made the policy choice in 1996 to limit “federal public benefits” to qualified non-citizens, leaving other vulnerable non-citizens with limited avenues of public assistance which HHS has now further restricted. But the 2025 Notice will make it more difficult for mixed-status families, families who move about a lot (such as agricultural and seasonal workers), and homeless individuals, among others, to access public benefits, food, and other lifesaving aid. Any individual, household, or family unable to provide proof of citizenship or immigration status for whatever reason will be denied access to vital programs for which they are eligible. HHS provides no implementing guidance on how to proceed or how to provide these benefits to comply with PRWORA. The 2025 Notice would create an unworkable system that would have broad sweep and further marginalize those people found in the margins of our society.

- **Exemption for Non-Profit Charitable Organizations**

As noted above, PRWORA exempts nonprofit charitable organizations from requirements to verify immigration status or require proof of eligibility. While HHS does not directly contradict that provision of the law, it ominously warns “all entities” to “pay heed to the clear expressions of national policy” outlined in the 2025 Notice. These mixed messages are causing confusion for nonprofit service providers who serve immigrant populations. Some are having to restructure

¹³ 8 U.S.C. § 1642(a).

¹⁴ 42 U.S.C. § 254b(a).

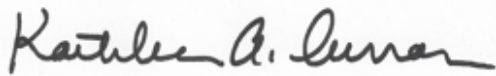
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their budgets to set aside funds for legal advice on navigating the new requirements, and others are concerned they may in the future be required to ask about immigrant or citizenship status.

CHA members, which are nonprofit charitable organizations, are also expressing concerns about the chilling effects of the 2025 Notice on immigrants who are already nervous and avoiding seeking the care they need. Some of our members participate in newly covered programs and are concerned their patients and clients will not know they are exempt from verification requirements and avoid coming for assistance. Our members will also be affected by the increased costs associated with higher volumes in our emergency departments, the inevitable result when immigrants no longer eligible for other sources of health care come to our emergency departments for care. This would negatively affect health care access for the whole community.

For all these reasons, **CHA respectfully but strongly urges HHS to withdraw the 2025 Notice.** Should it choose to continue to pursue the policy in the 2025 Notice, we urge HHS to engage in proper notice and comment rulemaking and provide far more information and justification for its proposal. And if HHS chooses not to withdraw the 2025 Notice, at the very least we urge HHS to provide additional implementation guidance.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kathleen A. Curran". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kathleen A. Curran, JD, MA
Senior Director, Public Policy