

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”

Dear Secretary Kennedy,

We appreciate the opportunity to comment on the Department of Health and Human Services’ (HHS or “the Department”) proposed change to its interpretation of “federal public benefit” to include 13 additional programs as restricted Federal public benefits. The Coalition for Whole Health is a broad coalition of local, State, and national organizations in the mental health and substance use disorder (MH/SUD) prevention, treatment, and recovery communities. **We write to express our strong opposition to the proposed change because it would severely harm the ability of immigrants and their families to access life-saving health care, including mental health and substance use disorder care.** We urge the Department to withdraw this notice and not proceed with any further guidance, regulations or other changes in interpreting PRWORA.

The administration has repeatedly acknowledged the crisis of deaths due to drug overdose and suicide our nation continues to face. Although we have thankfully seen a significant decline in the national overdose death rate, overdose remains the leading cause of death for people between the ages of 18 and 44. Death by suicide remains the second leading cause of death for this population. Although the administration has identified as an essential component of responding to these twin crises the need for people to have good access to evidence-based mental health and substance use disorder care, this policy change would make it even more difficult for immigrant adults and children around the country to access life-saving MH/SUD care.

Expanding the definition of “Federal public benefit” to include essential health programs threatens public health, delivery systems, and the broader economy. The proposed new interpretation of “federal public benefit” would vastly expand administrative burdens and privacy harms, including for people who are not the target of the proposal: U.S. citizens and qualified immigrants. Confusion about eligibility and fear of immigration consequences may discourage even eligible individuals, including U.S. citizen children, from accessing needed care. Requiring individuals to prove their citizenship or immigration status before accessing needed services would deter and delay access to care and also increase the risk of privacy and security breaches of sensitive personal identifying information. Requiring critical MH/SUD programs to wait for verification before providing services, including life or death emergency or crisis response services, would impose harmful barriers to care, as well as cost money and staff time. State and local governments already expend tremendous resources verifying eligibility for programs like Medicaid and the Supplemental Nutrition Assistance Program (SNAP). And while PRWORA does not require non-profit organizations to conduct eligibility verifications, the notice asserts an expectation that non-profits “should pay heed to the clear expressions of national policy” under President Trump’s anti-immigrant executive orders. Enforcing such expectation is beyond the scope of the Administration’s authority but will still cause confusion for nonprofits and further burden nonprofits’ resources and staff time. Limiting access to vital local health care services and supports would further isolate underserved families from the health care system they depend

on and increase the number of people in our communities who suffer with mental health and substance use disorders.

For nearly 30 years and across several different presidential administrations, the PRWORA “federal public benefits” definition has been interpreted consistently. Local programs around the country, including MH and SUD service agencies, have relied on this long-standing interpretation to guide their operations and provide vital health care services and supports to the people who need them in their communities. As asserted by the plaintiffs in recent [litigation](#) challenging the administration’s new proposal, the federal government’s decision to upend decades of settled policy in the middle of a funding cycle without fair notice has generated deep uncertainty and anxiety about the harms this change could bring for the people in their communities, including those who need life-saving mental health and substance use services.

While we oppose any change to PRWORA policy that expands the number of restricted benefit programs, as organizations focused on the service, support, and care needs of people with MH/SUD, we were particularly concerned that the proposed definition change would restrict access to the following critically important MH/SUD safety net programs:

- **Certified Community Behavioral Health Clinics** - Certified Community Behavioral Health Clinics (CCBHCs) are clinics that provide a comprehensive array of mental and behavioral health services, including 24/7 crisis management services, to all - regardless of insurance, ability to pay, or diagnosis history. To meet the needs of the vulnerable populations that access care at CCBHCs, these clinics receive an enhanced Medicaid reimbursement rate. CCBHCs connect people, including those in crisis, to life-saving quality MH/SUD care. CCBHCs should not be defined as a federal public benefit and remain statutorily exempt, as the abrupt change in access to mental health care will upend lives and cause lasting damage to individuals and communities.
- **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. The Community Mental Health Services Block Grant should not be defined as a federal public benefit and remain statutorily exempt, as this critical program is among the few funding options available for reaching those with the most vulnerable and complex mental health needs.
- **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 support communities working to prevent substance use, treat substance use disorders, and provide support to people in recovery. 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 prevention. The SUBG program should not be defined as a federal public benefit and remain statutorily exempt. As we continue to face a crisis of overdose death, it is counterintuitive and cruel to restrict prevention and treatment options. To do so would make children, youth, and adults more vulnerable.

- **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 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.
- **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. The Projects for Assistance in Transition from Homelessness (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.
- **Mental Health and Substance Use Disorder Treatment, Prevention, and Recovery Support Services Programs administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).** SAMHSA's programming offers a vital lifeline to the millions of individuals affected by MH/SUD seeking preventative strategies, treatment services and medications, care, rehabilitation, and supports. 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.

Restricting access to critical health care programs important to people with MH/SUD not only contradicts the administration's stated commitment to preventing overdose and suicide deaths and supporting people with MH and SUD care needs through meaningful access to treatment and recovery support but also threatens to destabilize the broader health care system. Denying access to preventive care does not eliminate peoples' need for services, it shifts the burden to hospital emergency departments and, ultimately, to state systems and taxpayers. People who are unable to access preventive health care inevitably enter the health care system at more complex and expensive points. Delayed treatment leads to worse health outcomes, including rising STI rates, 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.

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. If you have any questions about anything in these comments, please contact Gabrielle de la Guéronnière ([gdelagueronniere@lac-dc.org](mailto:gdelagueronniere@lac-dc.org)).

Sincerely,

National Organizations:

AGLP: The Association of LGBTQ+ Psychiatrists  
American Society of Addiction Medicine  
Center for Law and Social Policy (CLASP)  
Center for Medicare Advocacy  
Clinical Social Work Association  
Community Catalyst  
Faces & Voices of Recovery  
International Society of Psychiatric Mental Health Nurses  
Legal Action Center  
Medicare Rights Center  
National Association of Addiction Treatment Providers  
Treatment Communities of America

State and Local Organizations:

Adams County Health Department  
Another Way, Inc.  
California Consortium of Addiction Programs & Providers  
Daniel Carl Torsch Foundation Inc  
Maryland Alliance for Sensible Drug Policy  
Maryland Psychiatric Society  
Maryland Psychological Association  
National Council on Alcoholism and Drug Dependence-Maryland Chapter  
The Parents' Place of MD  
Physicians for a National Health Program - New York Metro Chapter