



August 13, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

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

The Day Care Council of New York writes in opposition to the new interpretation that the Department of Health and Human Services (HHS) proposed to adopt regarding the definition of a "federal public benefit" under the Personal Responsibility and Work Opportunity Reconciliation Act. This interpretation reverses established agency policy without sound justification, bypasses meaningful public input, and ignores serious real-world consequences. We strongly urge HHS to withdraw this disruptive and harmful interpretation without delay.

The Day Care Council of New York (DCCNY) is the membership organization of early care and education providers across New York City. DCCNY supports member organizations and the broader early childhood field through policy research and advocacy, labor relations and mediation, professional development and workforce training, and referral services for parents seeking child care. Our member organizations provide early care and education at over 200 sites in neighborhoods across all five boroughs, funded through various public and private funding sources, including the Child Care and Development Block Grant, Head Start, New York City's Pre-K and 3-K, parent fees, and private fundraising.

Background: A Dangerous Departure from Established Policy

HHS proposes adopting a change that contradicts nearly 30 years of legal interpretation, threatening to deprive tens of thousands of low-income New Yorkers – both immigrant and non-immigrant – of access to critical health, early childhood, and other safety-net programs. This reinterpretation will also impose burdensome new requirements on state and local governments, and create unprecedented “immigration status” reporting requirements for programs that have never required such documentation.

The 1996 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. In 1998, HHS issued a Notice interpreting the term “federal public benefit” to explain which Department programs met the definition and would thus be limited to qualified immigrants (1998 Notice). This notice identified 31 programs as unavailable to undocumented and other lawfully present but “not qualified” immigrants, including Medicare, Medicaid, Temporary Assistance for Needy Families, and various cash-assistance programs.

In the 1998 Notice, HHS determined that other programs were not “federal public benefits” because they serve the broader community, and are therefore broadly available, including to “not qualified” immigrants. This reasoned interpretation has remained unchanged for nearly 30 years, providing stability and clarity to communities nationwide.

On July 14, 2025, the Department disavowed the 1998 Notice interpretation and identified 13 additional programs as restricted federal public benefits (2025 Notice), including Head Start, the Title X Family Planning Program, and the Health Center Program (federally qualified health centers funded by the Health Resources and Services Administration). These programs provide critical services, and limiting access will have negative effects on the health and welfare of not only immigrant populations but entire communities, and should be withdrawn.

This New Interpretation Threatens the Health and Well-being of New York Children and Families.

Approximately [37% of New York children](#)—more than 1,374,000 children – live with at least one immigrant parent, including those with qualified and non-qualified statuses. The impact of this reinterpretation will reach far beyond those newly excluded from specific programs. Under PRWORA, millions of non-qualified immigrants are already excluded from federal public benefits, including full scope Medicaid, Medicare, TANF, and other anti-poverty and social welfare programs. Even qualified immigrants, such as

green card holders who are just one step removed from U.S. citizenship, often face a five-year bar before they can access federal benefits. This existing structure already makes it difficult for many immigrant families to escape poverty, access higher education and affordable health care, and thrive in the United States.

This reinterpretation will also deny essential services to tens of thousands of non-immigrant, low-income New Yorkers who cannot prove their immigration status. Many critical health, nutrition, child welfare, and early childhood programs operate on razor-thin margins, struggling every day to keep their doors open and pay their staff. Imposing new verification requirements could very likely force many programs to close permanently.

We call on HHS to withdraw this interpretation, and continue to treat Head Start as a community program, not a “federal public benefit.”

Head Start has provided free, high-quality, early education and comprehensive services to 40 million age- and income-eligible children and their families for the last 60 years in every community in every state across the country. Currently, in New York alone, approximately [43,000](#) children benefit from Head Start’s vital services. Through nearly 274 programs, operating nearly 1,000 sites statewide, employing over 14,400 staff members.

Head Start delivers well-documented benefits, significantly improving health outcomes, educational achievement, and financial prospects for participating families. The program also plays a vital role in preventing food insecurity by providing healthy meals to children.

Head Start represents high-quality early education that prepares children for K-12 success and should remain statutorily exempt from PWRORA’s “federal public benefit” definition. The sudden recategorization would plunge millions of families and children into uncertainty, undermining decades of progress.

A 30-Day Comment Period and No Delay in Implementation is Insufficient

HHS makes this notice effective immediately and only provides 30 days for comments. For a revision overturning nearly 30 years of precedent and potentially impacting hundreds of recipients of federal funding across multiple programs - representing over \$27 billion in federal funding - this lack of time for public input is woefully inadequate.

The best course of action is for HHS to withdraw this interpretation and continue to rely on the longstanding 1998 Notice. Alternatively, we call on HHS to immediately

pause implementation and conduct a full stakeholder engagement process, including proper notice and comment periods.

Conclusion

We urge you to withdraw this notice and cease any further guidance, regulations, or other changes to PRWORA interpretation. We request that this comment, including all supporting materials and active links in the text, be included as part of the formal administrative record under the federal Administrative Procedure Act.

The stakes are too high, the process too flawed, and the consequences too severe to proceed with this harmful reinterpretation. New York's children, families, and communities deserve better.