August 13, 2025

Submitted electronically via regulations.gov

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

RE: APHA, NCMLP, Jacobs Institute, and Public Health Deans and Scholars' Comments on Department of Health & Human Services Notice on Personal Responsibility and Work Opportunity Reconciliation Act Interpretation of ''Federal Public Benefit'' (Docket ID AHRQ–2025–0002)

Dear Mr. Secretary:

The American Public Health Association (APHA), the National Center for Medical-Legal Partnership (NCMLP), and the Jacobs Institute of Women's Health, along with 63 public health and health policy deans, chairs, and scholars (in their individual capacity), strongly oppose the Department of Health and Human Services' (HHS) July 2025 Notice reinterpreting the definition of "federal public benefit" under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA).[1] The July 2025 Notice reverses decades of long-standing policy, based on flawed legal reasoning, and without regard to the serious adverse impacts on individual and population health that will result. While we appreciate the opportunity to comment, HHS's decision to make the Notice effective immediately, before considering public input, is deeply concerning.

APHA is a non-partisan, non-profit organization that champions the health of all people and all communities; strengthens the profession of public health; shares the latest research and information; promotes best practices; and advocates for public health issues and policies grounded in scientific research. APHA represents more than 23,000 individual members and has 52 state and regional affiliates. APHA's membership also includes organizational members, including groups interested in health, state and local health departments, and health-related businesses. APHA is the only organization that combines a 150-year perspective, a broad-based member community, and the ability to influence federal policy to improve the public's health.

The National Center for Medical-Legal Partnership (NCMLP), based at the Milken Institute School of Public Health at the George Washington University, leads education, research, and technical assistance efforts to help health organizations throughout the United States

[1] 90 *Fed. Reg.* 31232-31239 (July 14, 2025), https://www.federalregister.gov/documents/2025/07/14/2025-13118/personal-responsibility-and-work-opportunity-reconciliation-act-of-1996-prwora-interpretation-of

incorporate legal aid services as a standard component of their response to health-related social needs. Medical-legal partnerships integrate the unique expertise of lawyers into health care settings to help health care teams providers and systems address the root causes of poor health outcomes and costs NCMLP aims to shift healthcare practices and policies to proactively consider legal needs and solutions as part of a comprehensive approach to patient care. We achieve this by leading efforts to transform policy and practice, convene stakeholders, build evidence, and attract investment to support medical-legal partnerships.

The Jacobs Institute of Women's Health is based at the Milken Institute School of Public Health at George Washington University and publishes the peer-reviewed journal Women's Health Issues. Its mission is to identify and study aspects of healthcare and public health, including legal and policy issues, that affect women's health at different life stages; to foster awareness of and facilitate dialogue around issues that affect women's health; and to promote interdisciplinary research, coordination, and information dissemination. It supports policies that promote women's access to comprehensive health care and other conditions that enable them to live healthy lives.

The individual signatories are deans, chairs, and scholars at the nation's leading academic institutions and research universities. They are experts in the fields of health law, public health, health care policy and research, and national health reform. They include individuals known for their expertise in health policy regarding U.S. immigrants and the communities in which immigrants live. The complete list of individual signatories is included at the end of this letter.

I. The legal analysis in HHS's July 2025 Notice is flawed because it includes programs squarely outside the scope of federal public benefits under PRWORA.

HHS's July 2025 Notice erroneously reverses policy that had been in place for 27 years. PRWORA, enacted in 1996, limits access to "federal public benefits" to "qualified" immigrants. Thereafter, in 1998, HHS determined that certain programs do not qualify as "federal public benefits" because they focus on serving entire communities.[2]

A. Health Center Program

The Health Center Program is authorized under section 330 of the Public Health Service Act (PHSA).[3] Since its inception, Congress has explicitly required Health Centers authorized under section 330 to serve "*all* residents of the area served by the [C]enter," referred to by Congress

[2] 63 *Fed. Reg.* 41658-41661 (Aug. 4, 1998), https://www.govinfo.gov/content/pkg/FR-1998-08-04/pdf/98-20491.pdf
[3] 42 U.S.C. § 254b.

as the "catchment area."[4] Throughout section 330, Congress's plain text is consistent and clear that a Health Center's obligation is to provide its services to all residents in the area, without limitation. Further, the statute and implementing regulations promulgated by the Health Resources and Services Administration (HRSA) define the population served by Health Centers based on the shortage of available services, and not on the individual characteristics, such as citizenship or immigration status, of the people who make up the population.[5] Both sources leave no doubt that individual factors like income or immigration status do not affect a Health Center's duty to serve patients in its catchment area.

The plain text of PHSA section 330 and HRSA's implementing regulations unambiguously require that Health Centers must serve all residents, regardless of individual patient criteria. The later enactment of PRWORA did not change this requirement, and, if anything, provides corroborating support to the mandate that Health Centers must serve all residents of their catchment area, regardless of immigration status. PRWORA expressly exempts non-profit charitable organizations, which describe most Health Centers,[6] from the requirement to verify citizenship-related eligibility for federal public benefit programs. For nearly thirty years, the federal government has consistently interpreted section 330 and PRWORA to mean that Health Centers are not required to verify citizenship or immigration status before providing services. This interpretation is not only the most reasonable reading of section 330, including after PRWORA's enactment, but also the only one supported by the statute's plain language.

Any alternative interpretation of section 330 after PRWORA would violate the well-established presumption against implied repeals or changes to existing statutes.[7] Congress knows how to impose eligibility requirements, including those based on citizenship or immigration status, when it chooses to do so. For example, as part of the Omnibus Budget Reconciliation Act of 1986,[8] Congress prohibited states from providing Medicaid to non-citizens "who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law."[9] Congress has never imposed such a limitation on Health Centers, and in the absence of clear Congressional authorization, HHS is prohibited from doing so.

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[4] 42 U.S.C. § 254b(a)(1) (emphasis added). The statute reiterates in subsection (a)(2) that the requirement in (a)(1) is to provide services for *all* residents within a catchment area. *Id.* At (a)(2) (emphasis added).

[5] *Id.* at (a)(1); 42 C.F.R. § 51c.303(e) (defining "medically underserved population" as the population of an area or population group with a shortage of personal health services).

[6] *See* 42 U.S.C. § 254b(e)(1)(A), 42 CFR § 51c.103, and 42 CFR § 56.103.

[7] *See Ray v. Spirit Airlines, Inc.*, 767 F.3d 1220, 1222 (11th Cir. 2014); *Hylton v. United States AG*, 99 F.3d 1154, 1160 (11th Cir. 2021) ("[i]f Congress wanted to alter the scope of [a previously enacted statutory scheme], it would have done so explicitly.)"

[8] Pub. Law. 99–509 (Oct. 21, 1986).

[9] 42 U.S.C. §1396a(a)(10)(B) ("Notwithstanding paragraph (10)(B) or any other provision of this subsection, a State plan shall provide medical assistance with respect to an alien who is not lawfully

PRWORA contains no Congressional grant of authority to HHS to override the mandate in section 330 that Health Centers see "all" residents of their catchment area. Therefore, HHS's July 2025 Notice reinterpreting the definition of "federal public benefit" conflicts with Congress's mandate in PHSA section 330 and exceeds HHS's authority.

B. Head Start Program

Further, PRWORA's statute specifically includes in the definition of "federal public benefits" any "health" or "postsecondary education" benefits "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."[10] Postsecondary education means after high school,[11] and Head Start clearly does not fit the plain meaning of that term as it only serves pregnant women and children up to the compulsory school age (typically age 5). Additionally, payments for Head Start are not provided to individuals, households, or family eligibility units, but rather are made by the federal government to community organizations or agencies[12]; thus, the definition does not apply to people served by Head Start.

In addition, the Head Start Act was most recently reauthorized by Congress in 2007, several years after PRWORA's passage. Had Congress wanted to sweep Head Start into the PRWORA limitations on benefits, it would have done so at that time. It expressly did not. Section 645 of the reauthorized Head Start Act specifically lists eligibility requirements for the Head Start and Early Head Start programs (collectively "Head Start" here unless otherwise noted), which do not require proof of citizenship. Under the canons of statutory construction, "nothing is to be added to what the text states or reasonably implies"; in other words, "a matter not covered is to be treated as not covered."[13]

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admitted for permanent residence or otherwise permanently residing in the United States under color of law only in accordance with section 1903(v)"); *see* 42 U.S.C. §1396b(v)(1) ("no payment may be made to a State under this section for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law").

[10] 8 U.S.C. § 1611(c)(1)(B).

[11] *See* Merriam-Webster's Dictionary definition of "postsecondary" at: Postsecondary. Merriam-Webster. Accessed Aug. 2025. https://www.merriam-webster.com/dictionary/postsecondary

[12] *See* Section 638 of the Head Start Act, codified at 42 U.S.C. § 1 *et seq*. and available at: Head Start Policy and Regulations: Head Start Act. HeadStart.gov. 2007. Accessed Aug. 2025. https://headstart.gov/policy/head-start-act

[13] Garner BA, Scalia A. A Dozen Canons of Statutory and Constitutional Text Construction. *Judicature.* 2015;99(2). https://judicature.duke.edu/articles/a-dozen-canons-of-statutory-and-constitutional-text-construction/

Additionally, 42 CFR § 1302.12, *Determining Eligibility*, explains that pregnant women or children are eligible for Head Start programs if: "(i) The family's income is equal to or below the poverty line; or, (ii) The family is eligible for or, in the absence of child care, would be potentially eligible for public assistance; including TANF child-only payments, or, (iii) The child is homeless, as defined in part 1305; or, (iv) The child is in foster care." The word "or" included between each clause signifies a closed list that simply does not take into account citizenship status. Moreover, Head Start allows for programs to operate migrant and seasonal farmworker programs, and the regulations define these terms without any requirement of citizenship.[14] Thus, Head Start is clearly outside the scope of federal public benefits under PRWORA. Because the legal analysis underlying the 2025 Notice is seriously flawed, the significant public health harms that will result from HHS's reinterpretation of "federal public benefit" should not be disregarded.

II. Research demonstrates that restricting immigrants' access to critical public programs will adversely impact individual and population health.

A. Children

The current state of children's health in the U.S. requires increased access to healthcare and related services, not new restrictions. A systemic national research study found "comprehensive evidence of deterioration" in U.S. children's health between 2007 and 2023, including "stead[y] decline[s] across mortality; chronic physical, mental, and neurodevelopmental conditions; functional status; and physical and emotional symptom domains."[15] Researchers concluded that this evidence "highlights the importance of identifying and addressing the root causes of this fundamental decline in the nation's health."[16]

Moreover, America is facing a children's mental health crisis, with one in five children having been diagnosed with a mental health condition.[17] The rates of mental health challenges in children, including suicidal behaviors, have increased more than 40 percent over the last

[14] 45 C.F.R. § 1305.2, *see* definition for Migrant or Seasonal Head Start Program.
[15] Forrest CB, Koenigsberg LJ, Eddy Harvey F, Maltenfort MG, Halfon N. Trends in US Children's Mortality, Chronic Conditions, Obesity, Functional Status, and Symptoms. *JAMA*. Published online July 7, 2025. doi:10.1001/jama.2025.9855
[16] Forrest CB, Koenigsberg LJ, Eddy Harvey F, Maltenfort MG, Halfon N. Trends in US Children's Mortality, Chronic Conditions, Obesity, Functional Status, and Symptoms. *JAMA*. Published online July 7, 2025. doi:10.1001/jama.2025.9855
[17] Data and Statistics on Children's Mental Health. CDC. June 5, 2025. Accessed Aug. 2025. https://www.cdc.gov/children-mental-health/data-research/index.html

decade.[18] They are the leading cause of death and disability for children ages three to 17.[19] Yet, only a small fraction of children are able to access needed mental health care due to a range of barriers, including lack of providers, insurance barriers, and high costs.[20]

In addition to the overall worsening of children's health in the U.S., there is well-established evidence showing that certain populations fare worse than others. For example, low-income children have disproportionately higher rates of poor health outcomes than their higher-income counterparts.[21] Low-income children also are "less likely to have health insurance and access to quality health care, and more likely to experience exposure to environmental risks."[22] Immigrant children, including U.S. citizen children in mixed status households, have higher rates of mental health conditions, including anxiety, depression, and post-traumatic stress.[23] Yet, they access mental health care at even lower rates than other children and face additional barriers, including language barriers and fear of healthcare providers asking about immigration status.[24]

If children are denied access to Head Start, Health Centers, and HHS-funded behavioral health programs, these children will have worse health outcomes than they already do. These programs serve the nation's most vulnerable children. For example, Head Start serves approximately 800,000 low-income children ages zero to five annually,[25] and the program acts as an important connector to several other health services supports. Since their earliest days alongside Head Start as a program in the Office of Economic Opportunity,[26] Health Centers have played an especially significant role in caring for children in the nation's most vulnerable, low-income, underserved urban and rural communities. Health Centers served one in eight U.S.

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[18] 2022 National Healthcare Quality and Disparities Report, Children and Adolescent Mental Health. National Institutes of Health. 2022. Accessed Aug. 2025. https://www.ncbi.nlm.nih.gov/books/NBK587174/

[19] *Id.*

[20] Mahmood A, Kedia S, Arshad H, Mou X, Dillon PJ. Disparities in Access to Mental Health Services Among Children Diagnosed with Anxiety and Depression in the United States. *Community Ment Health J*. 2024;60(8):1532-1546. doi:10.1007/s10597-024-01305-3

[21] Larson K, Halfon N. Family Income Gradients in the Health and Health Care Access of US Children. *Maternal and Child Health Journal*. 2010;14(3):332-342. doi:10.1007/s10995-009-0477-y

[22] Health and Health Care Among Early Head Start Children. Administration for Children and Families: Early Head Start. Apr. 2006. Accessed Aug. 2025. https://acf.gov/sites/default/files/documents/opre/healthcare.pdf

[23] Rojas-Flores, L., Clements, M. L., Hwang Koo, J., & London, J. (2017). Trauma and psychological distress in Latino citizen children following parental detention and deportation. *Psychological trauma: theory, research, practice and policy*, *9*(3), 352–361. https://doi.org/10.1037/tra0000177

[24] Derr AS. Mental Health Service Use Among Immigrants in the United States: A Systematic Review. *Psychiatr Serv*. 2016;67(3):265-274. doi:10.1176/appi.ps.201500004

[25] Program Information Report. Office of Head Start: National Services Snapshot. 2024. Accessed Aug. 2025. https://headstart.gov/sites/default/files/pdf/service-snapshot-all-2023-2024.pdf

[26] Sardell A. *The U.S. Experiment in Social Medicine*. University of Pittsburgh Press; 1988.

children in 2023,[27] including approximately 9.6 million children and teens through the age of 18, 2.7 million infants and very young children ages zero to five,[28] and one million children ages zero to 17 who were uninsured.[29] Children accounted for more than 11 percent of all Health Center patients in six states (FL, IL, IN, IA, NJ, TX).[30] HHS-funded behavioral health programs serving children include Certified Community Behavioral Health Clinics (CCBHCs), which must provide services to anyone regardless of their ability to pay, place of residence, or insurance status,[31] and Community Mental Health Block Grant programs, which provide states with funding to serve children and youth with behavioral health needs.[32] Community Mental Health Block Grant programs must include children with serious emotional disturbances as a required target population.[33]

Head Start, Health Centers, and HHS-funded behavioral health programs provide access to critical healthcare services for children. For example, Head Start regulations require that all children it serves have a continuous source of care within 30 days of enrollment; receive vision, hearing, and developmental screenings within 45 days of enrollment; and have their nutritional needs identified, among other requirements.[34] Health Centers provide well-child check-ups, immunizations and routine care including essential vision and dental screening. In 2023, 4.01 million children received Health Center well-child services - up from 3.17 million in 2021 – making 6.42 million visits.[35] More than 1.1 million children are served at school-based Health

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[27] Impact of the Health Center Program. HRSA Health Center Program. Reviewed Aug. 2025. Accessed Aug. 2025. https://bphc.hrsa.gov/about-health-center-program/impact-health-center-program

[28] National Health Center Program Uniform Data System (UDS) Awardee Data (2023), Health Resources and Services Administration, https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=Full&year=2023

[29] National Health Center Program Uniform Data System (UDS) Awardee Data (2023), Health Resources and Services Administration, https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=Full&year=2023

[30] Rosenbaum S, Morris R, Shin P, Jacobs F. Strengthening Community Health Centers' Role in Early Childhood Development: The New Biden Administration Initiative. Geiger Gibson/RCHN Community Health Foundation Research Collaborative Policy Brief. Feb. 2023. Accessed Aug. 2025. https://geigergibson.publichealth.gwu.edu/70-strengthening-community-health-centers-role-early-childhood-development-new-biden-administration

[31] Certified Community Behavioral Health Clinics. SAMHSA. Updated Apr. 24, 2023. Accessed Aug. 2025. https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics

[32] Community Mental Health Services Block Grant. SAMHSA. Updated Apr. 24, 2023. Accessed Aug. 2025. https://www.samhsa.gov/grants/block-grants/mhbg

[33] Community Mental Health Services Block Grant. SAMHSA. Updated Apr. 24, 2023. Accessed Aug. 2025. https://www.samhsa.gov/grants/block-grants/mhbg

[34] 45 C.F.R. § 1302.45

[35] 2025 Uniform Data System Chartbook: Analysis of the 2023 UDS Data. NACHC. May 19, 2025. Accessed Aug. 2025. https://www.nachc.org/resource/2025-uniform-data-system-chartbook-analysis-of-the-2023-uds-data/

Centers,[36] which provide an exceptionally important and accessible entry point to essential health care services.[37] CCBHCs provide a range of critical behavioral health services to children, including mobile crisis response and facility-based crisis stabilization. The vast majority of CCBHCs – 83 percent – offer services on-site in schools, childcare centers, and other youth-centered settings.[38] States commonly use Community Mental Health Block Grant funding, coordinated with other federal and state resources, to provide a range of mental health services to children, including mobile crisis response teams, school-based mental health services, and wraparound supports that prevent out-of-home placements in psychiatric facilities, residential treatment centers, and child welfare.[39]

Head Start, Health Centers, and HHS-funded behavioral health programs play an important role for children with disabilities. Since 1972, Head Start programs have been required to include children with disabilities in at least 10 percent of program slots.[40] This program requirement ensures that children with disabilities receive the care they need, whether it is special education, early intervention, or other services. In 2023-2024, 117,332 children in the Head Start program had disabilities.[41] These children receive additional supports as needed, such as occupational or physical therapy and speech services. Without these supports, children with disabilities, including immigrant children served by the program, would enter primary school significantly behind other children the same age. In addition, Health Centers provide early clinical and preventive services for underserved children who are at risk for developmental delays and poor health outcomes.[42] As described above, HHS-funded behavioral health programs serve children with serious emotional disturbances and other disabling mental health conditions.

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[36] National Health Center Program Uniform Data System (UDS) Awardee Data (2023), Health Resources and Services Administration, https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=Full&year=2023

[37] Kapadia F. School-Based Health Centers Are a Critical Component of Health Care for Children: A Public Health of Consequence, August 2024. *Am J Public Health*. 2024;114(8):769-771. doi:10.2105/AJPH.2024.307736

[38] 2024 CCBHC Impact Report. National Council for Mental Wellbeing. Jun. 3, 2024. Updated Apr. 24, 2025. Accessed Aug. 2025. https://www.thenationalcouncil.org/wp-content/uploads/2025/04/24.06.3_2024-CCBHC-Impact-Report_FINAL.pdf.pdf

[39] Community Mental Health Services Block Grant. SAMHSA. Updated Apr. 24, 2023. Accessed Aug. 2025. https://www.samhsa.gov/grants/block-grants/mhbg

[40] FAQs About the 10% Enrollment Requirement. HeadStart.gov. Accessed Aug. 2025. https://headstart.gov/publication/faqs-about-10-enrollment-requirement

[41] Program Information Report. Office of Head Start: National Services Snapshot. 2024. Accessed Aug. 2025. https://headstart.gov/sites/default/files/pdf/service-snapshot-all-2023-2024.pdf

[42] Rosenbaum S, Morris R, Shin P, Jacobs F. Strengthening Community Health Centers' Role in Early Childhood Development: The New Biden Administration Initiative. Geiger Gibson/RCHN Community Health Foundation Research Collaborative Policy Brief. Feb. 2023. Accessed Aug. 2025. https://geigergibson.publichealth.gwu.edu/70-strengthening-community-health-centers-role-early-childhood-development-new-biden-administration

Research shows that the programs to which HHS is restricting immigrants' access improve the health of children otherwise at risk of poor outcomes. Compared to their non-Head Start counterparts, children in the Head Start program are more likely to receive dental checkups and have healthy eating patterns.[43] At the end of the 2023-2024 program year, the vast majority of enrolled Head Start children had health insurance (95.7%), accessible health care (95.1%), up-to-date immunizations or were exempt from immunizations (93.8%), and accessible dental care (86.7%).[44] Further, Head Start children are likely to have lower body mass index scores and are less likely to be overweight compared to children served by other care modalities.[45] Other studies underscore the importance of Health Centers in screening, early childhood intervention, and supporting age-appropriate child development.[46] For example, a study utilizing national claims data found that children who received their primary care from Health Centers have higher rates of well-child visits and fewer preventable hospitalizations.[47] HHS's decision to restrict immigrant children's access to Health Centers, Head Start, and HHS-funded behavioral health programs will harm children's health.

B. Adults

As they do for children, many of the programs that HHS newly recharacterizes as "federal public benefits" provide essential healthcare services to millions of adults in communities across the country. For example, Health Centers are the nation's largest primary health care system for low-income and under resourced populations and communities, and the backbone of the health care safety net. Health Centers serve all members of their community regardless of their ability to pay, and disproportionately serve rural communities, those with low incomes, and people of

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[43] Bailey MJ, Sun S, Timpe B. Prep School for Poor Kids: The Long-Run Impacts of Head Start on Human Capital and Economic Self-Sufficiency. *Am Econ Rev*. 2021;111(12):3963-4001. doi:10.1257/aer.20181801

[44] Program Information Report. Office of Head Start: National Services Snapshot. 2024. Accessed Aug. 2025. https://headstart.gov/sites/default/files/pdf/service-snapshot-all-2023-2024.pdf

[45] Bailey MJ, Sun S, Timpe B. Prep School for Poor Kids: The Long-Run Impacts of Head Start on Human Capital and Economic Self-Sufficiency. *Am Econ Rev*. 2021;111(12):3963-4001. doi:10.1257/aer.20181801

[46] Rosenbaum S, Morris R, Shin P, Jacobs F. Strengthening Community Health Centers' Role in Early Childhood Development: The New Biden Administration Initiative. Geiger Gibson/RCHN Community Health Foundation Research Collaborative Policy Brief. February 2023. Accessed Aug. 2025. https://geigergibson.publichealth.gwu.edu/70-strengthening-community-health-centers-role-early-childhood-development-new-biden-administration

[47] Testimony of Robert Sayoc Nocon, MHS, PhD. United States Senate Committee on Health, Education, Labor & Pensions. Mar. 2, 2023. Accessed Aug. 2025. https://www.help.senate.gov/imo/media/doc/Testimony-Nocon-CHCs%202023-0228_Final.pdf

color.[48] Among the diverse populations served in 2023, Health Centers cared for 9.7 million rural residents,[49] 1.4 million people experiencing homelessness, one million agricultural workers, and 405,000 veterans.[50] Health Centers also served 3.7 million people aged 65 or older in 2023, a figure that has grown as the general population ages, especially in rural areas.[51] Ninety percent of Health Center patients served in 2023 have low income (at or below 200% of the federal poverty level (FPL)),[52] and 67 percent had incomes below the FPL. In 2023, nearly 18 percent, or more than 1 in 6 Health Center patients, were uninsured.[53]

Reflecting their mission and location in primarily low-income communities, Health Centers play an important role in caring for immigrant communities. Because recent immigrants are significantly more likely to have low incomes, they also can be expected to be more likely Health Center patients.[54] A survey conducted by the Kaiser Family Foundation/LA Times showed that in 2023, three in ten immigrant adults identified a Health Center as their usual source of care.[55] In 2022, more than half (54%) of all Health Center service sites were located in communities

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[48] Pillai A, Corallo B, Tolbert J. Community Health Center Patients, Financing, and Services. KFF. Jan. 6, 2025. Accessed Aug. 2025. https://www.kff.org/medicaid/issue-brief/community-health-center-patients-financing-and-services/

[49] New Data Show Highest Number of Health Center Patients in Nearly 60 Year History of the Program. HRSA. Reviewed Aug. 2024. Accessed Aug. 2025. https://www.hrsa.gov/about/news/press-releases/new-data-health-center-patients

[50] Impact of the Health Center Program. HRSA Health Center Program. Reviewed Aug. 2025. Accessed Aug. 2025. https://bphc.hrsa.gov/about-health-center-program/impact-health-center-program

[51] Dutta E, Regenstein M, Jacobs F. Community Health Centers Are Increasingly Important to Medicare Beneficiaries. GW Milken Institute School of Public Health: Geiger Gibson Program in Community Health. May 9, 2025. Accessed Aug. 2025. https://geigergibson.publichealth.gwu.edu/community-health-centers-are-increasingly-important-medicare-beneficiaries

[52] National Health Center Program Uniform Data System (UDS) Awardee Data (2023), Health Resources and Services Administration, https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=Full&year=2023

[53] National Health Center Program Uniform Data System (UDS) Awardee Data (2023), Health Resources and Services Administration, https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=Full&year=2023

[54] Rosenbaum S, Shin P, Sharac J, Jacobs F. What is at Stake for Community Health Centers and the Communities They Serve under the Biden Administration's Proposed Public Charge Rule? GW Milken Institute School of Public Health: Geiger Gibson Program in Community Health. Mar. 24, 2022. Accessed Aug. 2025. https://geigergibson.publichealth.gwu.edu/what-stake-community-health-centers-and-communities-they-serve-under-biden-administrations-proposed (citing: Chapman J, Bernstein J. Immigration and poverty: how are they linked? BLS: Monthly Labor Review. Apr. 2003. https://www.bls.gov/opub/mlr/2003/04/art2full.pdf)

[55] Pillai D, Artiga S. New Policy Bars Many Lawfully Present and Undocumented Immigrants from a Broad Range of Federal Health and Social Supports. KFF. Jul. 21, 2025. Accessed Aug. 2025. https://www.kff.org/policy-watch/new-policy-bars-many-lawfully-present-and-undocumented-immigrants-from-a-broad-range-of-federal-health-and-social-supports/

within the top quintile of all U.S. communities with the highest proportion of foreign-born residents,[56] while 71 percent of all Health Center sites operated in communities within the top two quintiles.[57] In 2023, nearly 8.4 million Health Center patients (26.75%) were best served in a language other than English,[58] and the number best served in a language other than English increased about 13 percent between 2021 and 2023.[59]

Health Centers offer comprehensive primary and preventive health services, including medical, dental, vision, chronic disease management, and behavioral health care for adults living in medically underserved communities who may otherwise have difficulty obtaining needed care. In 2023, 1,363 health centers operating more than 15,600 service sites provided community-based care to more than 31.3 million people.[60] That year, Health Centers provided 132.5 million patient visits — an increase of 8 percent over 2019 utilization.[61] Health Centers play an important role in preventive screening and management of chronic conditions such as diabetes and hypertension.[62] In 2023, Health Centers screened more than 3.4 million people for HIV,

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[56] Rosenbaum S, Shin P, Sharac J, Jacobs F. What is at Stake for Community Health Centers and the Communities They Serve under the Biden Administration's Proposed Public Charge Rule? GW Milken Institute School of Public Health: Geiger Gibson Program in Community Health. Mar. 24, 2022. Accessed Aug. 2025. https://geigergibson.publichealth.gwu.edu/what-stake-community-health-centers-and-communities-they-serve-under-biden-administrations-proposed

[57] Rosenbaum S, Shin P, Sharac J, Jacobs F. What is at Stake for Community Health Centers and the Communities They Serve under the Biden Administration's Proposed Public Charge Rule? GW Milken Institute School of Public Health: Geiger Gibson Program in Community Health. Mar. 24, 2022. Accessed Aug. 2025. https://geigergibson.publichealth.gwu.edu/what-stake-community-health-centers-and-communities-they-serve-under-biden-administrations-proposed

[58] National Health Center Program Uniform Data System (UDS) Awardee Data (2023), Health Resources and Services Administration, https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=Full&year=2023

[59] National Health Center Program Uniform Data System (UDS) Awardee Data (2023), Health Resources and Services Administration, https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=Full&year=2023

[60] 2023 Health Center Data. HRSA Data Warehouse. 2023. Accessed Aug. 2025. https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=Full&year=2023#

[61] Kwon KN, Nketiah L. Jacobs F, Rosenbaum S, Ku L. Community Health Centers Grew Through 2023, But Serious Hazards Are on the Horizon. Geiger Gibson/RCHN Community Health Foundation Research Collaborative Policy Brief. Sep. 2024. Accessed Aug. 2025. https://geigergibson.publichealth.gwu.edu/72-community-health-centers-grew-through-2023-serious-hazards-are-horizon

[62] *See, e.g.*, Ku L, Sharac J, Morris R, Jacobs F, Shin P, Brantley E, Rosenbaum S. *The Value Proposition: Evidence of the Health and Economic Contributions of Community Health Centers*. Geiger Gibson/RCHN Community Health Foundation Research Collaborative Policy Brief. Aug. 2022. Accessed Aug. 2025. https://geigergibson.publichealth.gwu.edu/68-value-proposition-evidence-health-and-economic-contributions-community-health-centers

more than 3.3 million for colorectal cancer, and nearly 1.9 million for breast cancer.[63] Studies have documented improvements in Health Center patients' health over time,[64] and Health Center outcomes have been shown to be favorable despite health center patients having generally lower income and greater risk.[65]

Reflecting their broad community health mandate, Health Centers play pivotal roles as frontline first responders, bridging public and population health obligations with patient care in the most disadvantaged areas. During the COVID-19 pandemic, Health Centers mobilized to support the HHS response by providing tens of millions of COVID-19 tests and vaccines, at-home tests, and N95 masks.[66] Communities served by Health Centers had fewer COVID-19 infections and deaths compared to areas without Health Centers.[67] Additionally, Health Centers have been instrumental in addressing nation's opioid epidemic,[68] supporting public health screening, and addressing the needs of their local communities in the wake of natural disasters.[69] Depriving distinct populations of Health Center services therefore has consequences not only for the health of individuals, but community- and population-wide implications.

Health Centers' capacity to provide mental health and substance use disorder (SUD) treatment services, particularly to individuals who are uninsured, is expanded when states direct funding

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[63] Impact of the Health Center Program. HRSA Health Center Program. Reviewed Aug. 2025. Accessed Aug. 2025. https://bphc.hrsa.gov/about-health-center-program/impact-health-center-program

[64] Ku L, Sharac J, Morris R, Jacobs F, Shin P, Brantley E, Rosenbaum S. The Value Proposition: Evidence of the Health and Economic Contributions of Community Health Centers. Geiger Gibson/RCHN Community Health Foundation Research Collaborative Policy Brief. Aug. 2022. Accessed Aug. 2025. https://geigergibson.publichealth.gwu.edu/68-value-proposition-evidence-health-and-economic-contributions-community-health-centers

[65] Shi L, Stevens GD. The Role of Community Health Centers in Delivering Primary Care to the Underserved: Experiences of the Uninsured and Medicaid Insured. *J Ambul Care Manage*. 2023;46(4):326-337. doi:10.1097/JAC.0000000000000479

[66] Sharac J, Bedenbaugh C, Jacobs F, Shin P. Data Note: Findings from 28 months of Data from HRSA's Health Center COVID-19 Survey. GW Milken Institute School of Public Health: Geiger Gibson Program in Community Health. Sep. 1, 2022. Accessed Aug. 2025. https://geigergibson.publichealth.gwu.edu/data-note-findings-28-months-data-hrsas-health-center-covid-19-survey

[67] Spates B. Community Health Centers: A Vital Resource for COVID-19 Vaccination in the Era of Commercialization. NACHC. Oct. 5, 2023. Accessed Aug. 2025. https://www.nachc.org/chcs-a-vital-resource-for-covid-19-vaccination-in-the-era-of-commercialization/

[68] Zur J, Tolbert J, Sharac J, Markus A. The Role of Community Health Centers in Addressing the Opioid Epidemic. KFF. Jul. 2018. Accessed Aug. 2025. https://files.kff.org/attachment/Issue-Brief-The-Role-of-Community-Health-Centers-in-Addressing-the-Opioid-Epidemic

[69] Sharac J, Rosenbaum S, Tolbert J, Markus A, Shin P, Diaz M. The Recovery of Community Health Centers in Puerto Rico and the US Virgin Islands One Year after Hurricanes Maria and Irma. KFF. Sep. 19, 2018. Accessed Aug. 2025. https://www.kff.org/medicaid/issue-brief/the-recovery-of-community-health-centers-in-puerto-rico-and-the-us-virgin-islands-one-year-after-hurricanes-maria-and-irma/

from the HHS Community Mental Health Services Block Grant and Substance Use Prevention and Recovery Support Block Grant programs (described below) to Health Centers. Between 2010-2020, the number of patients receiving Health Center-based behavioral health care services tripled.[70] The most recent data show that in 2023, Health Centers provided mental health services to 2.8 million patients and SUD services to 294,000 patients, regardless of insurance status or ability to pay.[71]

Additionally, HHS-funded behavioral health programs are critical to helping states and local communities develop their community-based behavioral health systems and infrastructure. These programs provide access to life-saving treatment services for those with the most significant needs, including people with serious mental illness (SMI) and pregnant women with SUD. Community Mental Health Block Grants, which require adults with SMI to be a target population, allows states flexibility to fund a range of critical mental health services such as mobile crisis teams, crisis stabilization programs, 988 lines, peer supports, and supported housing programs.[72] The Substance Use Block Grants similarly help states and communities develop a range of SUD treatment services, targeted to the most vulnerable populations, including pregnant women, women with young children, and people with HIV/AIDS.[73]

Along with serving children, CCBHCs provide a wide range of behavioral health services to adult community members regardless of their ability to pay, insurance status, or place of residence.[74] They offer a range of crisis services, outpatient mental health and SUD treatment services, peer support, case management, and psychiatric rehabilitation, serving three million adults and youth every year.[75] In an effort to address underlying behavioral health needs among individuals involved with the criminal legal system, almost all CCBHCs partner with criminal justice agencies to provide services in conjunction with the court system (86%), conduct

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[70] Horstman C. How Community Health Centers Can Meet the Rising Demand for Behavioral Health Care. The Commonwealth Fund. Mar. 7, 2024. Accessed Aug. 2025. https://www.commonwealthfund.org/blog/2024/how-community-health-centers-can-meet-rising-demand-behavioral-health-care

[71] Impact of the Health Center Program. HRSA Health Center Program. Reviewed Aug. 2025. Accessed Aug. 2025. https://bphc.hrsa.gov/about-health-center-program/impact-health-center-program

[72] Community Mental Health Services Block Grant. SAMHSA. Updated Apr. 24, 2023. Accessed Aug. 2025. https://www.samhsa.gov/grants/block-grants/mhbg

[73] Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG). SAMHSA. Updated Apr. 24, 2023. Accessed Aug. 2025. https://www.samhsa.gov/grants/block-grants/subg

[74] Certified Community Behavioral Health Clinics. SAMHSA. Updated Apr. 24, 2023. Accessed Aug. 2025. https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics

[75] 2024 CCBHC Impact Report. National Council for Mental Wellbeing. Jun. 3, 2024. Updated Apr. 24, 2025. Accessed Aug. 2025. https://www.thenationalcouncil.org/wp-content/uploads/2025/04/24.06.3_2024-CCBHC-Impact-Report_FINAL.pdf.pdf

outreach (63%), or train law enforcement officers in Mental Health First Aid and similar skills (59%).[76]

Access to behavioral health services is crucial for immigrants, who experience equal or greater need for these services, yet use them at lower rates than nonimmigrants.[77] Over 59 million adults in the United States have been diagnosed with a mental health condition,[78] and there are more than 30 drug overdose deaths per 10,000 people in the U.S.[79] Only half of individuals with any mental illness and only one in five individuals who need SUD treatment received treatment in the last year, in large part due to lack of capacity and barriers to care.[80] Those obstacles to treatment are compounded for undocumented and uninsured immigrants, due to financial, language, and cultural barriers. Untreated and undertreated mental illness is associated with devastating long-term consequences, including productivity losses and involvement with the criminal justice system.[81] Individuals with untreated mental health conditions are also more likely to suffer from poorer overall health and debilitating conditions that increase medical costs and the risk of hospitalization.[82] Similarly, untreated SUD contributes to productivity losses, premature mortality, and increased utilization of costly health care, social service, and criminal

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[76] 2024 CCBHC Impact Report. National Council for Mental Wellbeing. Jun. 3, 2024. Updated Apr. 24, 2025. Accessed Aug. 2025. https://www.thenationalcouncil.org/wp-content/uploads/2025/04/24.06.3_2024-CCBHC-Impact-Report_FINAL.pdf.pdf

[77] Derr AS. Mental Health Service Use Among Immigrants in the United States: A Systematic Review. *Psychiatr Serv*. 2016;67(3):265-274. doi:10.1176/appi.ps.201500004

[78] Quick Facts and Statistics About Mental Health. Mental Health America. Accessed Aug. 2025. https://mhanational.org/resources/quick-facts-and-statistics-about-mental-health/#:~:text=Overall,disorder%20in%20the%20past%20year

[79] Garnett MF, Miniño AM. Drug Overdose Deaths in the United States, 2003–2023. CDC NCHS Data Brief. Dec. 2024. Accessed Aug. 2025. https://www.cdc.gov/nchs/products/databriefs/db522.htm

[80] Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health. SAMHSA. 2025. Accessed Aug. 2025. https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf?utm_source=SAMHSA&utm_campaign=51e955caaf-EMAIL_CAMPAIGN_2025_06_10_02_22_COPY_07&utm_medium=email&utm_term=0_-3d1afcc326-170079763 (SUD statistic at p. 43; adults with mental illness statistic at p. 52)

[81] Taylor HL, Menachemi N, Gilbert A, Chaudhary J, Blackburn J. Economic Burden Associated With Untreated Mental Illness in Indiana. *JAMA Health Forum*. 2023;4(10):e233535-e233535. doi:10.1001/jamahealthforum.2023.3535

[82] Taylor HL, Menachemi N, Gilbert A, Chaudhary J, Blackburn J. Economic Burden Associated With Untreated Mental Illness in Indiana. *JAMA Health Forum*. 2023;4(10):e233535-e233535. doi:10.1001/jamahealthforum.2023.3535

legal resources.[83] Prohibiting rather than encouraging immigrants to access needed behavioral health services will have a significant impact on individuals and their communities.

Finally, several of the programs identified in HHS's July 2025 Notice provide a range of services that facilitate access to health care. For example, in tandem with the health services that Head Start enables for children (discussed above), the program provides families with needed social services, either directly through the program or through referrals. According to the Administration for Children and Families, in 2019, almost one-fifth (17%) of enrolled families received emergency or crisis interventions including assistance in meeting needs for food, clothing, or shelter.[84] If immigrant families lose access to childcare services, family members (often the women in families) would need to quit their jobs or work fewer hours, which could cause significant financial stress due to decreased income.[85, 86] Additionally, "when parents are focused on ensuring that basic needs are met, they may detach emotionally from their children and have difficulty engaging with them. Over time, this lack of healthy interaction crucial to child-parent bonding may lead to a breakdown of positive family relationships."[87] Health Centers also offer supportive or enabling services,[88] such as health education, case management, transportation, and interpretation and translation. These services are especially important for communities such as immigrants who may face barriers to care or who are at greater risk for poor health outcomes. Providing care that meets the specific needs of their local communities makes Health Centers a trusted source of care across communities. The most recent HRSA national Health Center Patient Survey found that 97% of Health Center patients would recommend their health center.[89]

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[83] Fardone E, Montoya ID, Schackman BR, McCollister KE. Economic benefits of substance use disorder treatment: A systematic literature review of economic evaluation studies from 2003 to 2021. *Journal of Substance Use & Addiction Treatment*. 2023;152. doi:10.1016/j.josat.2023.209084

[84] Biennial Report to Congress FY 2019: The Status of Children in the Head Start Program, Admin. For Child. & Fams. at 31, https://acf.gov/sites/default/files/documents/ohs/ohs-2019-biennial-report-to-congress.pdf (last visited Apr. 28, 2025).

[85] K. Romas, How Inaccessible Childcare Affects Families and Early Childhood Educators, Univ. Of Mich. Sch. Of Pub. Health (Mar. 7, 2025), https://sph.umich.edu/pursuit/2025posts/how-inaccessible-childcare-affects-families-and-early-childhood-educators.html.

[86] Massimiliano Tani et al., Working Parents, Financial Insecurity, and Child-Care: Mental Health in the Time of COVID-19, Inst. Of Lab. Econ., (Aug. 2020), IZA DP No. 13588, https://docs.iza.org/dp13588.pdf.

[87] Katie Romas. How Inaccessible Childcare Affects Families and Early Childhood Educators. Univ. Of Mich. Sch. Of Pub. Health. Mar. 7, 2025. https://sph.umich.edu/pursuit/2025posts/how-inaccessible-childcare-affects-families-and-early-childhood-educators.html.

[88] Enabling Services, Enabling Access and Improving Health Outcomes. Community Health Center Chartbook. 2023. NACHC. July 2023. https://www.nachc.org/wp-content/uploads/2023/07/Health-Center-Enabling-Services_NACHC_July2023_2021UDS.pdf.

[89] Impact of the Health Center Program. Health Center Program. Health Resources & Services Administration. August 2025. https://bphc.hrsa.gov/about-health-center-program/impact-health-center-program.

C. Maternal and child health

Barring immigrants from Head Start, Health Center, and Title X programs will reduce access to critical maternal and child health care and education. Over nine in ten pregnant Early Head Start mothers (92%) received prenatal care in 2020-2021; over eight in ten women who participated in Early Head Start while they were pregnant (86%) received prenatal education on fetal development; over eight in ten Early Head Start mothers (86%) received information on the benefits of breastfeeding; and almost eight in ten Early Head Start mothers (79%) received key information on infant care and safe sleep practices.[90]

PHSA section 330 requires all Health Centers to offer family planning services,[91] making Health Centers an important provider of sexual and reproductive health care. More than eight million women of reproductive age utilize Health Centers annually, representing one in eight U.S. women ages 15-44 years old[92] and approximately one quarter of all Health Center patients.[93] Health Centers are especially important sites of care for low-income women, serving an estimated one in three low-income women of reproductive age nationally.[94] Among the nearly 600,000 pregnant women who obtained their prenatal care at a Health Center in 2023, approximately 20 percent resided in rural communities.[95] That year, Health Centers screened nearly 4.3 million people for cervical cancer.[96]

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[90] Early Head Start Home Visiting and Support for Pregnant Women. National Head Start Association. 2022. https://nhsa.org/wp-content/uploads/2022/08/EarlyHeadStart-Home-Visiting-1.pdf

[91] 42 USC § 254b, available at https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim.

[92] Murphy, C., Johnson, K., Jacobs, F., et al.. Stressors Stack Up on Essential Maternity Providers — Community Health Centers Need Support in a Post-Dobbs World. Advancing Health Equity. The Common Wealth Fund. June 11, 2024. https://www.commonwealthfund.org/blog/2024/stressors-stack-essential-maternity-providers-community-health-centers-need-support-post.

[93] Table 3A Patients by Age and by Sex. National Data. Health Resources and Services Administration Data Warehouse. 2023. https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=3A&year=2023.

[94] Long, M., Frederiksen, B., Ranji, U., et al.. Women's Health Care Utilization and Costs: Findings from the 2020 KFF Women's Health Survey. Women's Health Policy. Kaiser Family Foundation. April 21, 2021. https://www.kff.org/womens-health-policy/issue-brief/womens-health-care-utilization-and-costs-findings-from-the-2020-kff-womens-health-survey/.

[95] 2025 Uniform Data System Chartbook: Analysis of the 2023 UDS Data. Health Center Research. National Association of Community Health Centers. May 19, 2025. https://www.nachc.org/resource/2025-uniform-data-system-chartbook-analysis-of-the-2023-uds-data/.

[96] Impact of the Health Center Program. Health Center Program. Health Resources and Services Administration. August 2025. https://bphc.hrsa.gov/about-health-center-program/impact-health-center-program.

An estimated 25 percent of Health Centers participate in the Title X program.[97] Barring immigrants from Title X programs will significantly reduce access to essential preventive healthcare services.[98] Title X is the only federal program dedicated to providing people with low incomes access to affordable family planning care. Title X clinics provide a range of services, including cancer screenings, sexually transmitted infection (STI) prevention, HIV services, and contraceptive and prenatal care in communities across the country. In many areas, Title X clinics are the only available source of essential healthcare.[99]

Effective family planning services enable women to properly time and space pregnancy, which is critical to promoting women's health and reducing the risk of poor maternal and child health outcomes.[100] Continued efforts to facilitate women's access to family planning services are critical, as approximately 42 percent of pregnancies in the United States today are unintended.[101] Unintended and too-closely-spaced pregnancies significantly increase health risks for mothers and infants, including an elevated risk of infant mortality. A meta-analysis of nearly 70 studies found pregnancies that occur sooner than expected or had birth intervals of less than 18 months increase the risk of low birthweight and preterm births; even if infants survive, they face increased risk of long-term health conditions such as developmental disabilities.[102] Birth intervals shorter than six months increase the risk of spontaneous preterm

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[97] Sharac, J., Markus, A., Tolbert, J., Rosenbaum, S., et al.. (2020). Community Health Centers in a Time of Change: Results from an Annual Survey. Kaiser Family Foundation. https://www.kff.org/report-section/community-health-centers-in-a-time-of-change-results-from-an-annual-survey-key-findings/

[98] *See* Sarah D. Compton et al., (2025). Assessing the Impact of Federal Restrictions to the Title X Program on Reproductive Health Service Provision Between 2018 and 2022 in the United States, *Contraception,* (142), https://www.sciencedirect.com/science/article/abs/pii/S0010782424004335; Amy Friedrich-Karnik & Rachel Easter, *Restricting Title X Results in Cascading Harms*, Guttmacher Institute. (August. 2024), https://www.guttmacher.org/2024/08/restricting-title-x-results-cascading-harms.

[99] Managi Lord-Biggers and Amy Friedrich-Karnik. Factsheet: Features and Benefits of the Title X Program, The Guttmacher Institute (February 2025), https://www.guttmacher.org/fact-sheet/features-and-benefits-title-x-program.

[100] *See e.g.,* Laurel W. Rice et al., Universal Access to Contraception: Women, Fams., and Cmtys. Benefit, 222 AM. J. OBSTETRICS AND GYNECOLOGY 150, 150-52 (Feb. 2020); Agustin Conde-Agudelo et al., Birth Spacing and Risk of Adverse Perinatal Outcomes: A Meta-Analysis, 295 JAMA 1803-23 (Apr. 19, 2006); Reduce the Proportion of Pregnancies Conceived Within 18 Months of a Previous Birth — FP-02, U.S. DEP'T. HEALTH & HUM. SERVS., OFFICE DISEASE PREVENTION AND HEALTH PROMOTION, available at: https://odphp.health.gov/healthypeople/objectives-anddata/browse-objectives/family-planning/reduce-proportionpregnancies-conceived-within-18-months-previous-birth-fp-02

[101] *Unintended Pregnancy*, CTRS. FOR DISEASE CONTROL AND PREVENTION (May 15, 2024), *available at:* https://www.cdc.gov/reproductivehealth/hcp/unintended-pregnancy/index.html.

[102] Agustin Conde-Agudelo et al., Birth Spacing and Risk of Adverse Perinatal Outcomes: A Meta-Analysis, 295 JAMA 1803-23, 1809 (Apr. 19, 2006); *see also* Long-Term Health Effects of Preterm Birth, MARCH OF DIMES (Feb. 2024), *available at:* https://www.marchofdimes.org/findsupport/topics/birth/long-

birth by 400 percent.[103] Short interval births also increase the risk of fetal and early neonatal death.[104]

Optimizing women's access to prenatal care as early as possible in pregnancy is critical to reducing morbidity and mortality and supporting both maternal and fetal health.[105] Unintended pregnancies are associated with delayed entry into prenatal care and interfere with the timely assessment of pregnancy-related health risks.[106] Women with unintended pregnancies are less likely to recognize their pregnancies within the first six weeks and schedule a prenatal care visit in the first eight weeks of pregnancy.[107] Absent or inadequate prenatal care has a statistically significant association with neonatal death, and prenatal care is associated with fewer neonatal deaths in both the presence and absence of antenatal high risk conditions.[108]

Medical and public health experts have concluded that access to high quality, effective contraception is the single most important strategy for reducing the rate of unintended

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term-health-effects-pretermbirth#:~:text=Preterm%20birth%20can%20lead%20to,Physical%20development ; Preterm Birth, CTRS. FOR DISEASE CONTROL AND PREVENTION (Nov. 8, 2024), *Available at:* https://www.cdc.gov/maternal-infanthealth/pretermbirth/index.html#:~:text=Preterm%20birth%20rates,or%20Hispanic%20women%20(10.1%25) ; *Low Birthweight*, MARCH OF DIMES (June 2021), *Available at:* https://www.marchofdimes.org/findsupport/topics/birth/low-birthweight

[103] Laurel W. Rice et al., Universal Access to Contraception: Women, Fams., and Cmtys. Benefit, 222 AM. J. OBSTETRICS AND GYNECOLOGY 150, 151 (Feb. 2020).

[104] Agustin Conde-Agudelo et al., Birth Spacing and Risk of Adverse Perinatal Outcomes: A Meta-Analysis, 295 JAMA 1803-23, 1809 (Apr. 19, 2006).

[105] Krukowski, R., Jacobson, L., John, J., et al., Correlates of Early Prenatal Care Access Among U.S. Women: Data from the Pregnancy Risk Assessment Monitoring Sys. (PRAMS), MATERNAL AND CHILD HEALTH J. 328, 337 (2021). https://pubmed.ncbi.nlm.nih.gov/34606031/.

[106] *See* Kai Guterman, Unintended Pregnancy as a Predictor of Child Maltreatment, 48 CHILD ABUSE & NEGLECT 160, 161 (2015). https://pubmed.ncbi.nlm.nih.gov/26070372/.

[107] *See* Kathryn Kost et al., The Effects of Pregnancy Plan. Status on Birth Outcomes and Infant Care, 30 FAM. PLAN. PERSP. 223, 223 (1998). *Available at:* https://www.guttmacher.org/sites/default/files/article_files/3022398.pdf

[108] Ocilia Maria Costa Carvalho et al., Delays in Obstetric Care Increase the Risk of Neonatal Near-Miss Morbidity Events and Death: A Case-Control Study, BMC PREGNANCY AND CHILDBIRTH 1, 5 (2020) https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-020-03128-y; Anthony Vintzileos, et al., The Impact of *Prenatal Care on Neonatal Deaths in the Presence and Absence of Antenatal High-Risk Conditions*, 186 AM. J. OBSTETRICS & GYNECOLOGY 1011, 1016 (2002) https://pubmed.ncbi.nlm.nih.gov/12015529/.

pregnancy and ensuring properly spaced births. A wealth of research supports this finding.[109] The Centers for Disease Control and Prevention (CDC), the HHS Office of Population Affairs, and the HHS Office of Disease Prevention and Health Promotion all have identified the provision of quality family planning services, including comprehensive contraceptive access, as a primary means to address unintended pregnancy.[110] For these reasons, ensuring consistent and reliable access to healthcare services offered by family planning providers is critically important to maternal and infant health.

Family planning services reduce the risk of adverse health outcomes and infant mortality that result from untreated STIs. STIs can permanently compromise reproductive and overall health and ultimately cause death.[111] The CDC has attributed a spike in infant mortality to the current STI epidemic in the United States.[112] In 2023, over 2.4 million cases of syphilis, gonorrhea, and chlamydia were diagnosed, and congenital syphilis alone led to the deaths or still births of 279

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[109] The American College of Obstetricians and Gynecologists, Committee Opinion No. 642: Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy, OBSTETRICS & GYNECOLOGY (Oct. 2015) https://pubmed.ncbi.nlm.nih.gov/26393458/.

[110] Gavin, L., Pazol, K., & Ahrens, K.. Update: Providing Quality Fam. Plan. Servs. — Recommendations from CDC and the U.S. Office of Population Affairs, 2017, 66 Ctrs. for Disease Control and Prevention Morbidity and Mortality Weekly Report 1383, 1383-84 (Dec. 22, 2017). *Available at*: https://www.cdc.gov/mmwr/volumes/66/wr/mm6650a4.htm#print.

[111] Sexually Transmitted Infections, NAT'L INST. ALLERGY INFECTIOUS DISEASES (Apr. 12, 2024) *Available at*: https://www.niaid.nih.gov/diseasesconditions/sexually-transmitted-infections ; Jennifer J. Frost et al., Pub. Supported Fam. Plan. Serv. in the U.S.: Likely Need, Availability and Impact, 2016, GUTTMACHER INST. (Oct. 2019) *Available at*: https://www.guttmacher.org/sites/default/files/report_pdf/publicly-supported-fp-services-us-2016.pdf; The Dangers of Undiagnosed Sexually Transmitted Infections, AM. SOC'Y OF MICROBIOLOGY (Dec. 8, 2022) *Available at*: https://asm.org/articles/2022/december/the-dangers-of-undiagnosed-sexually-transmitted-in#:~:text=Untreated%20infections%20can%20result%20in,of%20cancer%20and%20HIV%20infection; Sexually Transmitted Infections (STIs), World Health Organization, May 29, 2025, https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis).

[112] *Nat'l Overview of STIs in 2023*, CTRS. FOR DISEASE CONTROL AND PREVENTION (Nov. 12, 2024), *Available at*: https://www.cdc.gov/sti-statistics/annual/summary.html#:~:text=In%202023%2C%20over%202.4%20million,1.6%20million%20cases%20of%20chlamydia; *Selected Nat'ly Notifiable Disease Rates and Number of New Cases: U.S., Selected Years 1950–2018*, CTRS. FOR DISEASE CONTROL AND PREVENTION, *Available at*: https://www.cdc.gov/nchs/data/hus/2019/010-508.pdf; *2023 CDC Data Suggest the STI Epidemic May Be Slowing*, CTRS. FOR DISEASE CONTROL AND PREVENTION (Nov. 12, 2024), *Available at*: https://www.cdc.gov/media/releases/2024/p1112-sti-slowing.html; *Table 1. Sexually Transmitted Infections — Reported Cases and Rates of Reported Cases*, U.S.*, CTRS. FOR DISEASE CONTROL AND PREVENTION (Nov. 12, 2024), *Available at*: https://www.cdc.gov/sti-statistics/data-vis/table-sticasesrates.html.

infants.[113] Furthermore, a 235 percent increase in congenital syphilis cases has contributed to at least 149 still births and infant deaths in 2020, and 166 infant deaths in 2021.[114]

If left untreated, STIs can lead to long term adverse health outcomes, including pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and chronic pelvic pain in women.[115] Early treatment of patients who tested positive for chlamydia or gonorrhea helped to prevent more than 12,000 cases of PID, which would have likely resulted in more than 1,000 ectopic pregnancies and 2,000 women becoming infertile.[116] Identifying and treating these conditions also prevents future infections among patients' partners. [117] Among women receiving a publicly funded family planning visit, most (72%, or approximately 6.7 million women) otherwise would have forgone STI screenings if they did not have access to publicly funded family planning services, which would have resulted in tens of thousands of undetected and untreated STIs.[118]

Research has found that women receiving publicly funded family planning services also receive critical services from their providers in the form of lifesaving detection or prevention of cervical cancer.[119] An estimated 1.8 million women were tested for cervical cancer during a publicly funded family planning visit in 2016.[120] Without this care, the vast majority—an estimated 1.3 million women—would have forgone or postponed testing that year.[121] Additionally, approximately 39,000 adolescent and young adult women received at least one dose of the HPV vaccine during a publicly supported family planning visit in 2016.[122] These vaccinations helped eliminate 4,590 diagnoses of abnormal cervical cells, 920 diagnoses of precancerous lesions, 50 cases of cervical cancer, and 40 cases of other HPV-associated cancers, such as

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[113] *Nat'l Overview of STIs in 2023,* https://www.cdc.gov/sti-statistics/annual/summary.html#:~:text=In%202023%2C%20over%202.4%20million,1.6%20million%20cases%20of%20chlamydia.

[114] Sexually Transmitted Disease Surveillance 2020: National Overview. Sexually Transmitted Disease Surveillance. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (U.S.). Division of STD Prevention. Center for Disease Control and Prevention. April 12, 2022. *Available at: https://stacks.cdc.gov/view/cdc/125947*; Barry-Jester, A., *Babies Die as Congenital Syphilis Continues a Decade-Long Surge Across the U.S.*, Kaiser Family Foundation. April 12, 2022. *Available at*: https://kffhealthnews.org/news/article/babies-die-as-congenital-syphilis-continues-a-decade-long-surge-across-the-us/.

[115] Jennifer J. Frost et al., Pub. Supported Fam. Plan. Serv. in the U.S., at 18, *Available at*: https://www.guttmacher.org/sites/default/files/report_pdf/publicly-supported-fp-services-us-2016.pdf.

[116] *Id*. at 19.

[117] *See id.*

[118] *Id.*

[119] Jennifer J. Frost et al., Pub. Supported Fam. Plan. Serv. in the U.S., at 9-10, *Available at:* https://www.guttmacher.org/sites/default/files/report_pdf/publicly-supported-fp-services-us-2016.pdf

[120] *Id*. at 19.

[121] *Id*.

[122] *Id*.

anal or vulvar cancer.[123] In total, an estimated 20 cervical cancer deaths were prevented.[124] Maintaining access to contraceptive methods, cancer screenings, and other essential reproductive health services is critical to ensuring lifesaving medical care for already marginalized communities, such as immigrants.

Recent studies have documented the decrease in access to maternity care services and entrenchment of maternity care deserts due to a closure of obstetric units and the loss of clinicians.[125] Low-income communities, home to many immigrants, are disproportionately affected by closures. A recent study by the March of Dimes found that women in living in maternity care deserts had a 13 percent greater risk of preterm births.[126] As hospitals eliminate their OB/GYN services or close down entirely, Health Centers have reported caring for more prenatal and postpartum patients, including many with higher risks.[127] Approximately 75 percent of Health Center prenatal care patients begin their care during the first trimester,[128] which is important for ensuring healthy outcomes for both mother and child. The percentage of low- or very low-weight births is lower among Health Center patients in comparison to national averages.[129] Restricting immigrants' access to Health Center services creates additional barriers to essential quality reproductive and maternal care and will threaten maternal and infant health outcomes.

III. HHS's decision to expand the definition of "federal public benefit" will cause eligible immigrants and citizens to forgo necessary healthcare services.

The PRWORA restrictions that pre-date HHS's July 2025 Notice already create a "well-documented" chilling effect that deters eligible immigrants and U.S. citizen family members from

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[123] *Id*.
[124] *Id*.
[125] Smith. S.. March of Dimes Research Shows Access to Care Worsening for Millions. March of Dimes. August 1, 2023. https://www.marchofdimes.org/about/news/march-dimes-research-shows-access-to-care-worsening-millions
[126] Maternity Care Desert Report Reveals Millions Unable to Access Care. March of Dimes. September 10, 2024. Accessed August 12, 2025. https://www2.marchofdimes.org/about/news/maternity-care-desert-report-reveals-millions-unable-to-access-care
[127] Murphy C, Johnson K, Jacobs F, Shin P. Stressors Stack Up on Essential Maternity Providers—Community Health Centers Need Support in a Post-Dobbs World. The Commonwealth Fund. Published June 11, 2024. Accessed August 12, 2025. https://www.commonwealthfund.org/blog/2024/stressors-stack-essential-maternity-providers-community-health-centers-need-support-post
[128] National Association of Community Health Centers. Community Health Centers: Providers, Partners and Employers of Choice 2024 Chartbook. NACHC.org. Published March 1, 2024. Accessed August 12, 2025. https://www.nachc.org/wp-content/uploads/2024/07/2024-2022-UDS-DATA-Community-Health-Center-Chartbook.pdf
[129] *Id*.

seeking essential programs.[130,131] For example, parents who are barred from federal healthcare programs are less likely to enroll their eligible children. From 2016-2019, participation in programs such as Medicaid, CHIP, and the Supplemental Nutrition Assistance Program fell twice as fast among U.S. citizen children with noncitizen household members compared to those in only U.S. citizen households, due to fear and uncertainty caused by changes in immigration policy.[132,133] Similarly, changes to federal regulations defining "public charge" in 2019 led to "chilling effects on [] participation in noncash public benefits" among more than one-quarter (26.2%) of adults in low-income households[134] with at least one foreign-born member.[135] In addition, Health Centers reported declining rates of health services utilization among immigrant adults in the aftermath of the 2019 public charge rule.[136]

It is crucial to remember that chilling effects are not limited to noncitizen populations; lawfully present immigrants and even U.S. born citizens also feel their impacts. From 2018-2019, SNAP

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[130] Fix M, Passel JS. Trends in Noncitizens' and Citizens' Use of Public Benefits Following Welfare Reform: 1994-97. Office of the Assistant Secretary for Planning and Evaluation. Published February 28, 1999. Accessed August 12, 2025. https://aspe.hhs.gov/basic-report/trends-noncitizens-and-citizens-use-public-benefits-following-welfare-reform-1994-97.

[131] Alsan M, Yang CS. Fear and the Safety Net: Evidence from Secure Communities. *The Review of Economics and Statistics*. 2024;106(6):1427-1441. doi:10.1162/rest_a_01250

[132] Artiga S, Pillai D. Expected Immigration Policies Under a Second Trump Administration and Their Health and Economic Implications. KFF. Published November 21, 2024. Accessed August 12, 2025. 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.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* Capps R, Fix M, Batalova J. Anticipated "Chilling Effects" of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families. Migration Policy Institute. Published December 2020. Accessed August 12, 2025. https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real.

[133] Twersky SE. Do state laws reduce uptake of Medicaid/CHIP by U.S. citizen children in immigrant families: evaluating evidence for a chilling effect. *International Journal for Equity in Health*. 2022;21(1):50. doi:10.1186/s12939-022-01651-2

[134] Under 200% of the federal poverty level.

[135] Hamutal B, Gonzalez D, Karpman M, Zuckerman S. Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019. Urban Institute. Published May 18, 2020. Accessed August 12, 2025. https://www.urban.org/research/publication/amid-confusion-over-public-charge-rule-immigrant-families-continued-avoiding-public-benefits-2019

[136] KFF. Many Community Health Centers Report that Immigrant Patients are Declining to Enroll in Medicaid or Renew their Coverage Amid Concerns about Changes to Public Charge Rules. KFF. Published October 15, 2019. Accessed August 12, 2025. https://www.kff.org/medicaid/press-release/many-community-health-centers-report-that-immigrant-patients-are-declining-to-enroll-in-medicaid-or-renew-their-coverage-amid-concerns-about-changes-to-public-charge-rules/

enrollment among U.S. citizen children in mixed-status households dropped by 22.5 percent, representing over 718,000 children.[137] This was five times the decline in enrollment among U.S. citizen children in citizen-only households.[138] Following the 2019 redefinition of "public charge," the decline in public program participation was nearly the same for U.S. citizen children in mixed-status households as it was for noncitizens.[139] Research also demonstrates associated reductions in participation even in programs not subject to the public charge rule, such as WIC.[140] And, despite their reversal, the 2019 public charge restrictions continue to have long-lasting harms among immigrant populations, including sustained vaccine hesitancy, food insecurity, increased child uninsurance, and exacerbated housing crises.[141]

HHS's July 2025 Notice will only intensify these chilling effects, causing harm to families across the country. Following the 2016 election and subsequent rise in anti-immigration rhetoric, there was a marked decline in well-child visits among Hispanic immigrant populations.[142] Relatedly, a 2022 study from California found that Hispanic immigrant populations were less likely than U.S. citizens to visit a physician due to immigration-related fears.[143] Research examining the impact of a 2023 Florida law requiring hospitals that participate in Medicaid to ask prospective patients about their immigration status found that the law created "spillover effects on mixed-status

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[137] Food Research & Action Center. New Data Reveal Stark Decreases in SNAP Participation Among U.S. Citizen Children Living With a Non-Citizen. FRAC. Accessed August 12, 2025. https://frac.org/wp-content/uploads/SNAP-Participation-Among-U.S.-Citizen-Children.pdf

[138] Food Research & Action Center. New Data Reveal Stark Decreases in SNAP Participation Among U.S. Citizen Children Living With a Non-Citizen. FRAC. Accessed August 12, 2025. https://frac.org/wp-content/uploads/SNAP-Participation-Among-U.S.-Citizen-Children.pdf

[139] A 36% decline in SNAP and TANF enrollment and an 18% decline in Medicaid/CHIP enrollment. Capps R, Fix M, Batalova J. Anticipated "Chilling Effects" of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families. Migration Policy Institute. Published December 2020. Accessed August 12, 2025. https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real.

[140] Barofsky J, Vargas A, Rodriguez D, Matos E, Barrows A. Putting out the 'unwelcome mat:' The Announced Public Charge Rule reduced safety net enrollment among exempt noncitizens. *JBPA*. 2021;4(2). doi:10.30636/jbpa.42.200

[141] Protecting Immigrant Families. Research Documents Harm of Public Charge Policy During the COVID-19 Pandemic. PIF Coalition. Updated August 2021. Accessed August 12, 2025. https://pifcoalition.org/wp-content/uploads/2022/05/Documenting-the-Harm-2021.pdf

[142] Ettinger De Cuba S, Miller DP, Raifman J, et al. Reduced health care utilization among young children of immigrants after Donald Trump's election and proposed public charge rule. *Health Aff Sch*. 2023;1(2):qxad023. doi:10.1093/haschl/qxad023

[143] Bustamante AV, Félix-Beltrán L, Nwadiuko J, Ortega AN. Avoiding Medicaid enrollment after the reversal of the changes in the public charge rule among Latino and Asian immigrants. *Health Serv Res*. 2022;57(S2):195-203. doi:10.1111/1475-6773.14020

families."[144] Another study found that laws restricting immigrants' access to Medicaid/CHIP coverage led to a 5.5 percentage point reduction in enrollment for U.S. citizen children in immigrant families.[145] Such studies illustrate the pervasiveness of chilling effects caused by policy changes in health care and public program participation beyond noncitizens, particularly in mixed-status families and communities.[146,147]

In turn, chilling effects are associated with adverse health outcomes, including higher food insecurity and uninsured rates,[148] and long-term negative health impacts on children based on parental access to health coverage.[149] HIV health among immigrants is an especially critical point of focus. In the U.S., about 43 percent of Hispanic people living with HIV are immigrants,[150] and Hispanic immigrants have the highest risk of late HIV diagnosis among all racial/ethnic groups.[151] Without access to care, immigrants have less access to PrEP, HIV testing, and HIV treatment, which, altogether, may increase risks of developing HIV and prevent timely and sustained viral suppression.[152]

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[144] Aranda E, Molina LV. The Impacts of Florida's SB 1718 on Immigrants' Well-Being. University of South Florida College of Arts & Sciences Immigrant Well-Being Research Center. Accessed August 12, 2025. https://www.usf.edu/arts-sciences/centers/iwrc/documents/report-sb-1718-final-nov2024.pdf

[145] Twersky SE. Do state laws reduce uptake of Medicaid/CHIP by U.S. citizen children in immigrant families: evaluating evidence for a chilling effect. *International Journal for Equity in Health*. 2022;21(1):50. doi:10.1186/s12939-022-01651-2

[146] Lopez WD, Castañeda H. The mixed-status community as analytic framework to understand the impacts of immigration enforcement on health. *Social Science & Medicine*. 2022;307:115180. doi:10.1016/j.socscimed.2022.115180

[147] Vargas ED, Pirog MA. Mixed-Status Families and WIC Uptake: The Effects of Risk of Deportation on Program Use*: Mixed-Status Families and WIC Uptake. *Social Science Quarterly*. 2016;97(3):555-572. doi:10.1111/ssqu.12286

[148] Protecting Immigrant Families. Research Documents Harm of Public Charge Policy During the COVID-19 Pandemic. PIF Coalition. Updated August 2021. Accessed August 12, 2025. https://pifcoalition.org/wp-content/uploads/2022/05/Documenting-the-Harm-2021.pdf

[149] The Center for Law and Social Policy. CLASP Statement for the Record "Impact of Illegal Immigration of Social Services." Congress.gov. Published January 11, 2024. Accessed August 12, 2025. https://www.congress.gov/118/meeting/house/116727/documents/HHRG-118-JU01-20240111-SD021.pdf

[150] Gray KM, Valverde EE, Tang T, Siddiqi A e A, Hall HI. *Diagnoses and Prevalence of HIV Infection Among Hispanics or Latinos* — United States, 2008–2013.; 2015. Accessed August 12, 2025. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a2.htm

[151] Chen NE, Gallant JE, Page KR. A Systematic Review of HIV/AIDS Survival and Delayed Diagnosis Among Hispanics in the United States. *J Immigrant Minority Health*. 2012;14(1):65-81. doi:10.1007/s10903-011-9497-y

[152] Galeucia M, Hirsch JS. State and Local Policies as a Structural and Modifiable Determinant of HIV Vulnerability Among Latino Migrants in the United States. *Am J Public Health*. 2016;106(5):800-807. doi:10.2105/ajph.2016.303081

By deterring healthcare utilization, chilling effects also exacerbate economic woes. When immigrants are forced to avoid public benefits, they also shift their spending priorities and spend less, resulting in losses to local economies.[153] In the first year of the public charge policy, safety net clinics and hospitals were estimated to lose $346 to $624 million, which impacted their ability to stay open and serve vulnerable populations.[154] Given the projected 25 percent drop in enrollment following the 2019 public charge changes, the Fiscal Policy Institute estimated a Gross Domestic Product loss up to $24 billion and 164,000 jobs lost across the country.[155]

HHS's July 2025 Notice intensifies an "icy political climate," one that will undoubtedly hurt immigrant populations.[156] Ultimately, "[t]oday's immigrants become tomorrow's citizens," with two-thirds of adults (age 30 and older) who immigrated to the U.S. under age 18 becoming naturalized citizens as of 2008.[157] Importantly, regardless of whether they naturalize, immigrant children "will grow up to be adults who work hard, make contributions to the U.S. economy, pay taxes, start businesses, serve in the military and participate in American civic life."[158] Rather than appreciating this reality, the new PRWORA restrictions endanger the well-being of immigrants and citizens, who, together, keep our country running.

IV. Restricted access leads to worse health outcomes and increased uncompensated care costs from forgone services.

Denying access to preventive care does not eliminate people's need for services; instead, it shifts the burden to hospital emergency departments and, ultimately, to state systems and taxpayers. Delayed preventive screenings and treatment can lead to late-stage cancer diagnoses; poor maternal and infant health, and delayed identification of clinical and developmental concerns in young children. Consequently, hospitals, especially in rural and

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[153] The Center for Law and Social Policy. CLASP Statement for the Record "Impact of Illegal Immigration of Social Services." Congress.gov. Published January 11, 2024. Accessed August 12, 2025. https://www.congress.gov/118/meeting/house/116727/documents/HHRG-118-JU01-20240111-SD021.pdf

[154] The Center for Law and Social Policy. CLASP Statement for the Record "Impact of Illegal Immigration of Social Services." Congress.gov. Published January 11, 2024. Accessed August 12, 2025. https://www.congress.gov/118/meeting/house/116727/documents/HHRG-118-JU01-20240111-SD021.pdf

[155] Only Wealthy Immigrants Need Apply: The Chilling Effects of "Public Charge." Fiscal Policy Institute. Published November 25, 2019. Accessed August 13, 2025. https://fiscalpolicy.org/publiccharge2019

[156] Watson T. Inside the Refrigerator: Immigration Enforcement and Chilling Effects in Medicaid Participation. *American Economic Journal: Economic Policy*. 2014;6(3):313-338. doi:10.1257/pol.6.3.313

[157] Ku L. *Restoring Medicaid and SCHIP Coverage to Legal Immigrant Children and Pregnant Women: Implications for Community Health and Health Care for Tomorrow's Citizens*. Geiger Gibson/RCHN Community Health Foundation Research Collaborative; 2009. Accessed August 13, 2025. https://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1009&context=sphhs_policy_ggrchn

[158] *Id.*

underserved areas, will provide more intensive and uncompensated care, threatening their financial viability.

The value of family planning services is measurable not only in the immediate and long-term health benefits to women and families, but also in the cost savings associated with preventive services. Research demonstrates that publicly financed family planning services yield billions of dollars in public sector savings.[159] The estimated gross public savings attributable to the provision of contraceptives, HIV testing, STI testing, HPV testing, Pap testing, and HPV vaccinations in publicly supported family planning settings in 2010 totaled $15.8 billion and $13.6 billion in net public-sector savings after accounting for program costs.[160]

HHS' decision to deny use of critical behavioral health programs to immigrants — and create fear of using them for others who remain eligible — will lead to increased use of emergency departments. Hospital emergency departments have already become the "de facto primary and acute care provider of mental health care" in the U.S. due to the lack of sufficient capacity of mental health services, especially for children. In the last decade, the proportion of pediatric mental health-related emergency department visits doubled, including a five-fold increase in emergency room visits related to suicide.[161] Lack of emergency department capacity already has led to psychiatric patients "boarding" in waiting rooms, hallways, and other common spaces until an inpatient bed is available. Boarding not only consumes limited emergency department resources, but also worsens crowding and delays treatment for all patients,[162] increases pressure on staff, prolongs the length of stay for behavioral health patients who are admitted, and has a significant, negative impact on hospital reimbursement.[163]

HHS's July 2025 Notice will deny people access to behavioral health care and in turn lead to increased involvement of law enforcement as first responders. Individuals in crisis often end up being arrested rather than directed to mental health treatment services, causing the

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[159] *See e.g.,* Frost JJ, Sonfield A, Zolna MR, Finer LB. Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program. *Milbank Q*. 2014;92(4):696-749. doi:10.1111/1468-0009.12080; Thomas A, Monea E. *The High Cost of Unintended Pregnancy*. Center on Children and Families at BROOKINGS; 2011. Accessed August 13, 2025. https://www.brookings.edu/wp-content/uploads/2016/06/07_unintended_pregnancy_thomas_monea.pdf

[160] *Id.*

[161] Bommersbach TJ, McKean AJ, Olfson M, Rhee TG. National Trends in Mental Health-Related Emergency Department Visits Among Youth, 2011-2020. *JAMA*. 2023;329(17):1469-1477. doi:10.1001/jama.2023.4809

[162] Alakeson V, Pande N, Ludwig M. A plan to reduce emergency room 'boarding' of psychiatric patients. *Health Aff (Millwood)*. 2010;29(9):1637-1642. doi:10.1377/hlthaff.2009.0336

[163] *ED Boarding of Psychiatric Patients - a Continuing Problem*. Joint Commission; 2015. Accessed August 13, 2025. https://www.jointcommission.org/en-us/knowledge-library/newsletters/quick-safety/issue-19

disproportionate incarceration of individuals with mental illness.[164] In addition, when families cannot access crisis services, they may have no choice but to call 911, placing further burdens on police and other first responders. Further limiting access to existing behavioral health services to immigrants in mental health crisis will only exacerbate these problems, at a significant cost to the public.

On the other hand, HHS-funded behavioral health programs help prevent unnecessary in-patient hospitalizations, homelessness, incarceration, overdose, suicide, and involvement with the child welfare and juvenile justice systems.[165] For example, the crisis services provided through these programs can successfully divert individuals experiencing a behavioral health crisis from hospital emergency departments, inpatient treatment, and jail—all settings that are both costly and ill-equipped to provide effective crisis care.[166] One CCBHC reported decreasing inpatient psychiatric care rates by 93 percent after adopting a 24/7, on-demand crisis care model.[167] When Arizona used $100 million in funding from the Mental Health and Substance Use Block Grants to invest in crisis services, it ultimately saved $260 million in psychiatric inpatient spending, $37 million in emergency department costs, 45 years of emergency department boarding hours, and 37 full-time equivalents of police officer time and salary.[168]

Finally, states and local governments will face significant new costs and administrative burdens in implementing HHS's July 2025 Notice in their behavioral health programs. Operationally, it will be difficult — if not impossible — for crisis responders to determine the immigration status of an individual in a mental health crisis. Moreover, because of the nature of some of these funding streams — particularly block grants that are often blended and braided with other funding streams that may have different eligibility requirements — it will be challenging for states and localities to determine when they must verify immigration status before providing services. Even when it is clear that verification is required, states and localities will be forced to divert resources from underfunded, overstretched behavioral health systems towards developing new verification

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[164] *Chapter 2: Access to Mental Health Services for Adults Covered by Medicaid*. Medicaid and CHIP Payment and Access Commission (MACPAC); 2021:42-43. Accessed August 13, 2025. https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-2-Access-to-Mental-Health-Services-for-Adults-Covered-by-Medicaid.pdf

[165] *2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care*. Substance Abuse and Mental Health Services Administration (SAMHSA); 2025:4. Accessed August 13, 2025. https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf

[166] *Id.*

[167] *CCBHCs: A Vision for the Future of Community Behavioral Health Care*. National Council for Mental Wellbeing; 2023:13. Accessed August 13, 2025. https://www.thenationalcouncil.org/wp-content/uploads/2023/10/CCBHCs-A-Vision-for-the-Future-of-Behavioral-Health-Care.pdf

[168] Balfour ME, Zeller SL. Community-Based Crisis Services, Specialized Crisis Facilities, and Partnerships With Law Enforcement. *Focus (Am Psychiatr Publ)*. 2023;21(1):18-27. doi:10.1176/appi.focus.20220074

systems, policies, and training, resulting in decreased services available to everyone in their communities.

V. Preventing immigrants from accessing healthcare and related social services does not support a robust workforce and hurts the U.S. economy overall.

HHS's July 2025 Notice will have devastating impacts on employment, workforces that disproportionately rely on immigrants, and the overall U.S. economy. As discussed above, denying people access to critical healthcare and other social services will lead to worse health outcomes. People with advanced health issues or chronic health conditions are less likely to be able to work,[169] and thus will lose the ability to support their families. Similarly, denying people access to behavioral health treatment will increase unemployment; untreated mental illness is associated with an annual loss of earnings totaling nearly $200 billion annually.[170] It also has broader economic costs beyond unemployment and lost earnings, estimated at $282 billion every year;[171] opioid use disorder alone cost the U.S. more $1.5 trillion in 2020, including $13.2 billion in emergency department and hospitals costs,[172] and the value of lives lost to opioid overdose.[173]

Immigrants play an essential role in the workforce, and immigration enforcement and policies like HHS' July 2025 Notice will negatively impact industries where immigrants play a disproportionate role.[174] For example, the healthcare workforce relies heavily on immigrants. The impact of HHS's July 2025 Notice will exacerbate the existing healthcare workforce shortages and negatively impact healthcare access for all Americans.[175]

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[169] Yildiz B, Burdorf A, Schuring M. The influence of chronic diseases and multimorbidity on entering paid employment among unemployed persons - a longitudinal register-based study. *Scand J Work Environ Health*. 2021;47(3):208-216. doi:10.5271/sjweh.3942

[170] Insel TR. Assessing the Economic Costs of Serious Mental Illness. *American Journal of Psychiatry*. 2008;165(6):663-665. doi:10.1176/appi.ajp.2008.08030366

[171] Abramson B, Boerma J, Tsyvinski A. *Macroeconomics of Mental Health*. National Bureau of Economic Research; 2024. Accessed August 13, 2025. https://www.nber.org/system/files/working_papers/w32354/w32354.pdf

[172] *The Return on Investment of Substance Use Prevention*. Prevention Technology Transfer Center Network; 2024. Accessed August 13, 2025. https://pttcnetwork.org/wp-content/uploads/2024/10/2024.09.27_PTTC_Return-on-Investment_FINAL.pdf

[173] Florence C, Luo F, Rice K. The economic burden of opioid use disorder and fatal opioid overdose in the United States, 2017. *Drug Alcohol Depend*. 2021;218:108350. doi:10.1016/j.drugalcdep.2020.108350

[174] Pillai D, Artiga S. *Employment among Immigrants and Implications for Health and Health Care*. KFF; 2023. Accessed August 13, 2025. https://www.kff.org/racial-equity-and-health-policy/issue-brief/employment-among-immigrants-and-implications-for-health-and-health-care/

[175] *Id*.

Immigrants also play a critical role in providing long-term care to older adults and people with disabilities. An estimated one in four direct care workers are immigrants, with even higher proportions some regions.[176] This is the fastest growing occupation, due to the rapidly aging U.S. population, yet it simultaneously faces significant turnover and vacancies that have created a direct care workforce crisis.[177] The Administration's new policies, including HHS' July 2025 Notice, will exacerbate this crisis, leading to more families having to take on providing care due to the inability to access formal supports for their loved one, adding to the already $600 billion annually of lost income due to family caregiving.[178]

HHS's July 2025 Notice will also impact the farming industry, where a significant proportion of farmworkers are immigrants. Farmworkers generated $375 billion in revenue in 2015, comprising 42 percent of the national agricultural economy.[179] Head Start has been a critical partner with the National Farmworkers Jobs Program, together reaching farmworkers and supporting employment in these communities by providing career services and training.[180]

Finally, HHS's July 2025 Notice will have broad impacts on the economy. When people have less access to benefits, their spending priorities shift and they spend less. This has a ripple effect on the economy.[181]

Conclusion

For all the foregoing reasons, APHA, NCMLP, the Jacobs Institute, and the individual public health deans and scholars listed below urge HHS to rescind the July 2025 Notice and return to the interpretation of "federal public benefit" as set forth in the 1998 HHS PRWORA Notice.

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[176] Immigration and the Direct Care Workforce. Paraprofessional Healthcare Institute. Published March 31, 2025. Accessed August 13, 2025. https://www.phinational.org/immigration-and-the-direct-care-workforce/

[177] Harootunian L, Buffett A, O'Gara B, Perry K, Serafini M, Hoagland GW. *Addressing the Direct Care Workforce Shortage: A Bipartisan Call to Action*. Bipartisan Policy Center; 2023. Accessed August 13, 2025. https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/11/BPC-Direct-Care-Workforce-Report-Final.pdf

[178] Reinhard S, Caldera S, Houser A, Choula R. *Valuing the Invaluable: 2023 Update - Strengthening Supports for Family Caregivers*. AARP; 2023. Accessed August 13, 2025. https://www.aarp.org/content/dam/aarp/ppi/2023/3/valuing-the-invaluable-2023-update.doi.10.26419-2Fppi.00082.006.pdf

[179] *Migrant & Seasonal Head Start Works!* The National Migrant & Seasonal Head Start Association (NMSHSA); 2018. https://nmshsa.org/sites/default/files/2021-12/Final-White-Paper-2018-4.pdf

[180] National Farmworker Jobs Program. UMOS. Published March 31, 2025. Accessed August 13, 2025. https://mgzvnycc.a2hosted.com/national-farmworker-jobs-program/

[181] Only Wealthy Immigrants Need Apply: The Chilling Effects of "Public Charge." Fiscal Policy Institute. Published November 25, 2019. Accessed August 13, 2025. https://fiscalpolicy.org/publiccharge2019

We also respectfully request that the full text of our comments, and the full text of each of the individual studies, reports, and other supporting materials that we have cited and made available through active links in our comments, be considered part of the formal administrative record on this Notice for purposes of the Administrative Procedure Act. Please let us know if HHS is unable for any reason to include our linked materials, so we will have the chance to otherwise submit copies of the supporting documents into the administrative record.

Thank you for your consideration of our comments. If you need any additional information, please contact MaryBeth Musumeci at marybethm@gwu.edu.

A. Public Health Organizations

1. American Public Health Association, Georges C. Benjamin, MD, Executive Director

2. National Center for Medical-Legal Partnership, Bethany Hamilton, JD, Director

3. Jacobs Institute of Women's Health, Anne R. Markus, JD, PhD, MHS, Acting Director

B. Public Health Deans

1. Burroughs, Thomas E., PhD, MS, MA, Dean and Professor, SLU College for Public Health and Social Justice, Saint Louis University

2. Chandler, G. Thomas, MS, PhD, Dean and Professor of Environmental Health Sciences, Arnold School of Public Health, University of South Carolina

3. Drenkard, Karen, PhD, RN, NEA-BC, FAAN, Associate Dean of Clinical Practice and Community Engagement, School of Nursing, Center for Health Policy and Medical Engagement, The George Washington University

4. El-Mohandes, Ayman, MBBCh, MD, MPH, Dean, CUNY Graduate School of Public Health & Health Policy

5. Fried, Linda P., MD, MPH, Dean and DeLamar Professor of Public Health, Mailman School of Public Health, Professor of Epidemiology and Medicine, Columbia University

6. Galea, Sandro, MD, DrPH, Dean, Robert A. Knox Professor, Boston University

7. Godwin, Hilary, PhD, Dean, University of Washington School of Public Health

8. Goldman, Lynn R., MD, MPH, MS, Michael and Lori Milken Dean of Public Health, Milken Institute School of Public Health, The George Washington University

9. Grogan, Colleen M., PhD, Deputy Dean for Curriculum Policy, Deborah R. and Edgar D. Jannotta Professor, Crown Family School of Social Work, Policy, and Practice, The University of Chicago

10. Gusmano, Michael K., PhD, Professor and Associate Dean of Academic Programs, College of Health, Director, Center for Ethics, Lehigh University

11. Jeffries, Pamela R., PhD, RN, FAAN, ANEF, FSSH, Dean, Vanderbilt School of Nursing, Valere Potter Distinguished Professor of Nursing, RWJF Nurse Executive Fellow Alumna, Vanderbilt School of Nursing

12. Lu, Michael C., MD, MS, MPH, Dean, UC Berkeley School of Public Health

13. Lushniak, Boris, MD, MPH, Professor and Dean, University of Maryland School of Public Health

14. Parker, Edith A., MPH, DrPH, Dean, Professor, Community and Behavioral Health, The University of Iowa College of Public Health

15. Thorpe, Jane, JD, Professor and Sr. Associate Dean for Academic, Student & Faculty Affairs, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

16. Vermund, Sten H., MD, PhD, Dean and Distinguished University Health Professor, College of Public Health, University of South Florida

C. Health Professions, Public Health, Health Law and Policy Scholars

17. Alker, Joan, MPhil, Research Professor, McCourt School of Public Policy, Georgetown University

18. Barkoff, Alison, JD, Harold and Jane Hirsh Associate Professor of Health Law and Policy, Director, Hirsh Health Law and Policy Program, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

19. Beckerman, Julia Zoe, JD, MPH, Teaching Professor & Vice Chair, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

20. Blewett, Lynn A., PhD, MA, Professor, Division of Health Policy and Management, University of Minnesota School of Public Health

21. Borden, William B., MD, FACC, FAHA, Chief Quality and Population Officer, Professor of Medicine and Health Policy, The George Washington University Medical Faculty Associates

22. Brindis, Claire D., DrPH, Distinguish Professor, Departments of Pediatrics and Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, Emerita Director, Philip R. Lee Institute for Health Policy Studies

23. Byrnes, Maureen, MPA, Teaching Instructor, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

24. Catalanotti, Jillian, MD, MPH, FACP, Associate Professor of Medicine, Associate Professor of Health Policy and Management, Director, Internal Medicine Residency Programs, The George Washington University

25. Cohen, Alan B., Sc.D., Research Professor (Retired), Markets, Public Policy and Law, Boston University Questrom School of Business, and Professor of Health Law, Policy and Management (Retired), Boston University School of Public Health

26. Cuello, Leonardo, JD, Research Professor, Center for Children and Families, Georgetown University McCourt School of Public Policy

27. Dutta, Elizabeth Arend, DrPH, MPH, Research Scientist and Lecturer, The George Washington University

28. Frankford, David M., JD, Professor of Law, Rutgers University School of Law

29. Goldstein, Melissa M., JD, Professor, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

30. Heinrich, Janet, DrPH, RN, FAAN, Research Professor, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

31. Hoffman, Allison K., JD, Professor of Law, Professor of Medical Ethics & Health Policy, University of Pennsylvania Carey Law School

32. Horton, Katherine, RN, MPH, JD, Research Professor in the Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

33. Huberfeld, Nicole, Edward R. Utley Professor of Health Law, Co-Director, BU Program on Reproductive Justice, Chair, BU Health Law Program, Boston University School of Law and School of Public Health

34. Jacobs, Feygele, DrPH, MS, MPH, Professor and Director, Geiger Gibson Program in Community Health, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

35. Jost, Timothy Stoltzfus, JD, Emeritus Professor, Washington and Lee University School of Law

36. Ku, Leighton, PhD, MPH, Professor, Department of Health Policy and Management, Director, Center for Health Policy Research, Milken Institute School of Public Health, The George Washington University

37. Lantz, Paula, PhD, Interim Associate Director, International Policy Center, James B. Hudak Professor of Health Policy, BA Program Director, Gerald R. Ford School of Public Policy, Professor of Health Management and Policy, University Professor of Diversity and Social Transformation, School of Public Health, University of Michigan

38. Law, Sylvia A., JD, Elizabeth K. Dollard Professor Emerita of Law, Medicine and Psychiatry, NYU Law School

39. Levi, Jeffrey, PhD, Professor Emeritus, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

40. Mariner, Wendy K., JD, LLM, MPH, Professor of Health Law, Ethics and Human Rights Emerita, Boston University School of Public Health

41. Markus, Anne R., PhD, MHS, JD, Professor and Chair, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

42. Mason, Diana J., RN, PhD, FAAN, Senior Policy Service Professor, Center for Health Policy and Media Engagement, School of Nursing, The George Washington University

43. McDonnell, Karen A., PhD, Associate Professor and Vice Chair, Department of Prevention and Community Health, Milken Institute School of Public Health, The George Washington University

44. Michaels, David, PhD, MPH, Professor, Department of Environmental and Occupational Health, Milken Institute School of Public Health, The George Washington University

45. Murphy, Caitlin, MPA-PNP, Senior Research Associate, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

46. Oberlander, Jonathan, PhD, Professor, Department of Social Medicine, Professor, Department of Health Policy & Management, University of North Carolina at Chapel Hill

47. Perreira, Krista M., PhD, Department of Social Medicine, UNC School of Medicine

48. Peterson, Mark A., PhD, Professor of Public Policy, Political Science, Health Policy and Management, and Law, UCLA Meyer and Renee Luskin School of Public Affairs

49. Pollack, Harold, PhD, Helen Ross Distinguished Services Professor, Associated Faculty, Public Health Sciences, Crown Family School of Social Work, Policy, and Practice, Administration, University of Chicago

50. Rimer, Barbara K., DrPH, Professor Emerita Health Behavior, Dean Emerita, UNC Gillings School of Global Public Health

51. Rosenbaum, Sara, JD, Professor Emerita, Health Law and Policy, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

52. Schneider, Andy, JD, Research Professor of the Practice, McCourt School of Public Policy, Georgetown University

53. Seiler, Naomi, JD, Professor, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University

54. Silberman, Pam, JD, DrPH, Professor Emerita, Director, Executive Doctoral Program in Health Leadership, Department of Health Policy and Management, UNC Gillings School of Global Public Health

55. Siminoff, Laura A., PhD, Laura H. Carnell Professor of Public Health, Department of Social and Behavioral Sciences, Temple University

56. Skinner, Daniel, PhD, Professor of Health Policy, Department of Social Medicine, Heritage College of Osteopathic Medicine, Ohio University

57. Slifkin, Becky, PhD, Professor Emerita, Department of Health Policy and Management, UNC Gillings School of Global Health

58. Sommers, Benjamin D., MD, PhD, Huntley Quelch Professor of Health Care Economics, Harvard T.H. Chan School of Public Health, Professor of Medicine, Harvard Medical School

59. Swartz, Katherine, PhD, MS, Professor of Health Economics and Policy, Emerita, Harvard T.H. Chan School of Public Health, Harvard University

60. Ulrich, Michael R., JD, MPH, Associate Professor of Health Law, Ethics, & Human Rights, Boston University School of Public Health, Boston University School of Law

61. Vyas, Amita N., PhD, MHS, Professor, Director, Maternal & Child Health Program, Department of Prevention and Community Health, Milken Institute School of Public Health, The George Washington University

62. Wasserman, Alan G., MD, MACP, Eugene Meyer Emeritus Professor of Medicine, Department of Medicine, The George Washington School of Medicine and Health Sciences

63. Westmoreland, Timothy M., JD, Professor from Practice, Emeritus, Georgetown University School of Law