

August 13, 2025

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

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

Dear Secretary Kennedy:

On behalf of the over 90 undersigned organizations, we submit this comment in response to the U.S. Department of Health and Human Services (HHS) Notice entitled "Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA): Interpretation of 'Federal Public Benefit'" published in the Federal Register on July 14, 2025¹ (hereinafter "2025 Notice").

Our organizations assist, uplift, and advocate on behalf of immigrant survivors of domestic violence, sexual assault, child abuse, human trafficking, and other forms of violence and exploitation. Given the focus of our work, **we strongly oppose the 2025 Notice and call for its immediate withdrawal.** Since its publication, the 2025 Notice has contributed to increasing the climate of fear in our communities and undermining the safety and well-being of immigrant survivors and their children- populations that Congress explicitly sought to protect under laws such as the Violence Against Women Act (VAWA) and the Trafficking Victims Protection Act (TVPA).

Nearly 30 years ago, HHS published its interpretation of the definition of "federal public benefit" (1998 Notice) to explain which programs were available to "qualified" immigrants, and which were available to everyone regardless of immigration status.² The 2025 Notice reclassifies Head Start and certain programs that provide community health services, mental health and substance abuse support as "federal public benefits" such that they will no longer be accessible to non "qualified" immigrants.³ This, undoubtedly, will pose new barriers for immigrant survivors of domestic violence, sexual assault, human trafficking, and other crimes- many of whom will no longer meet eligibility requirements.

¹ "Notice: Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of "Federal Public Benefit", 90 FR 31232 (July 14, 2025), available at <https://downloads.regulations.gov/AHRQ-2025-0002-0001/content.pdf>. (Hereinafter "2025 Notice").

² Notice: Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of "Federal Public Benefit 63 Fed. Reg. 41658 (Aug. 4, 1998), <https://www.govinfo.gov/content/pkg/FR-1998-08-04/pdf/98-20491.pdf> (Hereinafter "1998 Notice").

³ The term used in PRWORA and the HHS Notices is "qualified alien"; This document will use the term, "immigrant" or "noncitizen."

Although the 2025 Notice changes eligibility for over 10 HHS programs (including Title X Family Planning Programs, Community Services Block Grants, among others), this comment will focus on a select subset. This focus should not be interpreted to mean that survivors will not be harmed by the loss of access to the others. In contrast to the 60-day comment period provided by the 1998 Notice, the public is only afforded 30 days to provide comment to the 2025 Notice- a wholly insufficient timeframe considering the breadth of its impact and the sweeping reversal of long-standing policy.

I. Survivors Impacted by the 2025 Notice

The 2025 Notice does not alter eligibility for certain survivors who qualify for public benefits under PRWORA as “qualified” immigrants,⁴ including certain victims of domestic violence and human trafficking.

Under PRWORA, some immigrant survivors of domestic violence and child abuse can be considered a “qualified” immigrant for purposes of accessing certain federal public benefits if they meet specific criteria.⁵ Similarly, survivors of human trafficking may be considered “qualified” if they have been granted T nonimmigrant status or have a pending application that sets forth a prima facie case for status.⁶

Despite these important protections, we are deeply concerned about the survivors who will be denied access to services under the 2025 Notice. This not only includes undocumented survivors who may not have a pending victim-based filing with USCIS yet, but also other lawfully present survivors, including those granted U nonimmigrant status, those who have been granted Special Immigrant Juvenile status, survivors with Temporary Protected Status or DACA, asylum applicants, survivors with legal status as nonimmigrant visa holders, among others. As a result, many survivors will face critical gaps in life-saving services and support, jeopardizing their ability to seek safety and stability. This reality gives leverage to abusers and perpetrators of crime to use threats and intimidation and to escape accountability.

⁴ Note that several classifications of immigrants may be considered qualified for benefits under the law including Legal Permanent Residents (Green Card holders), asylees, refugees, certain domestic violence victims and victims of human trafficking, parolees, among others. The 2025 Order would not apply to these categories of individuals. See 8 U.S.C. 1641.

⁵ To qualify, survivors in this category must show they have experienced battery or extreme cruelty by certain U.S. citizen or lawful permanent resident family members in United States, are no longer residing with their abuser, and have a pending or approved Violence Against Women Act (VAWA)-based or family-based filing with the U.S. Citizenship and Immigration Services (USCIS) that sets forth a prima facie case). See 8 U.S.C. 1641(c); See also Social Security Administration, Program Operations Management Systems “SI 00502.116 “Deemed Qualified Alien” Status Based On Battery Or Extreme Cruelty By A Family Member” Available at <https://secure.ssa.gov/poms.nsf/lnx/0500502116> Also, an important and critical note is that the recent enactment of the One Big Beautiful Bill Act of 2025 curtails access to SNAP, Medicaid, Medicare and premium tax credits for ACA coverage for these victims as “qualified immigrants.”

⁶ This also includes individuals granted continued presence or those who have a certification letter from the Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR). See 8 U.S.C. 1641(c)(4).

II. Loss of Access to Critical Services Will Harm Survivors

The 2025 Notice will limit access to programs such as Head Start and certain funding for health center programs, mental health services and substance abuse treatment that help our communities thrive.

1. Head Start Programs

The 1998 Notice explicitly does not classify Head Start as a federal public benefit.⁷ The Notice states, “Some programs may provide a mixture of services, some of which are provided to “individual, household, or family eligibility units,” and others that are provided to communities or specified sectors of the population. Programs that are primarily designed to target and provide services to communities should not be burdened with new verification procedures merely because they may include some services that flow more directly to the individual, household or family.”⁸

Head Start fits this model. Head Start funds are awarded to grantees– including school districts, nonprofits, small businesses, local governments, Tribal organizations, and even religious institutions- that administer early education and related services at the community level.⁹ Contrary to the 2025 Notice, Head Start is not a “welfare” program¹⁰; grantees are not delivering cash assistance but rather community-centered supports that help children and families thrive.

Head Start and Early Head Start programs are critical programs for survivors of crime and abuse, helping them and their children heal by buffering the impact of trauma.¹¹ According to HHS, one in ten children have experienced three or more adverse childhood experiences (ACEs), placing them in a category of high risk.¹² ACEs can include experiencing violence, abuse, or neglect, witnessing violence in the home or community, among others.¹³ Head Start programs provide children with access to high-quality early care, nurturing and safe environments, and education programs that are focused on school readiness, social skills and emotional well-being, language and literacy, and health. The Centers for Disease Control and Prevention (CDC) notes that creating safe, stable, nurturing relationships and environments for all children prevent and mitigate the impact of ACEs, fostering healthy child development.¹⁴ Head Start programs offer this kind of stability, promoting healing and

⁷ 1998 Notice at 41659.

⁸ 1998 Notice at 41660.

⁹ U.S. Department of Health and Human Services, Head Start Grant Applications, Decide Whether to Apply, available at [Decide Whether to Apply | HeadStart.gov](#)

¹⁰ 2025 Notice at 31236.

¹¹ U.S. Department of Health and Human Services, [HeadStart.gov](#) “Attachment B: Office of Head Start Guidance on Implementing a Trauma-Informed Approach” available at [Attachment B: Office of Head Start Guidance on Implementing a Trauma-Informed Approach | HeadStart.gov](#)

¹² *Id.*

¹³ U.S. Centers for Disease Control and Prevention, “About Adverse Childhood Experiences” (October 8, 2024), available at [About Adverse Childhood Experiences | Adverse Childhood Experiences \(ACEs\) |](#)

¹⁴ *Id.*

healthy growth and playing an important role in helping vulnerable children and families impacted by abuse.¹⁵

Head Start programs provide immigrant survivors of domestic violence, sexual assault, human trafficking, child abuse and other crimes a safe, nurturing place for their children and the ability to connect with community supports.¹⁶ The 2025 Notice's restrictions further victimize children who are already vulnerable, and isolate crime survivor care-givers when they most need support. In addition, given most immigrant families include people with mixed statuses including U.S. citizens, this new restriction could result in U.S. citizen children being denied these essential care and supports.

2. Funding for Community and Mental Health Services

Under the 2025 Notice, Community Health Centers (CHCs) as well as services related to mental and behavioral health will be restricted for non-qualified immigrants. CHCs consist of over 1,300 providers that offer medical, behavioral and support services in medically underserved areas. Data from the 2023 KFF/LA Times Survey of Immigrants show that three in ten immigrant adults say a CHC is their usual source of care.¹⁷

The publication of the 2025 HHS notice adds to a broader wave of policy changes that restrict immigrant access to essential safety net benefits including all federal health care programs. This includes new restrictions codified in H.R. 1 which cut Medicare, Medicaid and SNAP benefits for eligible victims of domestic violence, child abuse, or human trafficking as well as asylees and refugees—many of whom currently are “qualified” immigrants under the law. H.R.1 also bars most categories of lawfully present immigrants, including victims of domestic violence and human trafficking, from accessing premium tax credits that make medical coverage accessible for vulnerable populations. Without access to these federal health care programs, CHCs and community mental health programs are the providers of last resort for many communities. If these programs are also restricted, health care costs will rise, there will be an increase in the number of emergency department visits, and poorer health outcomes overall.

¹⁵ Head Start Programs equip caregivers with trauma informed strategies, support children's well-being, and connect families to community resources and mental health services. See Katherine Lynch. “Starting Strong: How Head Start Helps Trauma-Impacted Children Thrive” National Women's Law Center (December 10, 2024), available at [Starting Strong: How Head Start Helps Trauma-Impacted Children Thrive - National Women's Law Center](https://www.nwlc.org/publications/starting-strong-how-head-start-helps-trauma-impacted-children-thrive)

¹⁶U.S. Department of Health and Human Services, [HeadStart.gov](https://www.headstart.gov/sites/default/files/pdf/building-partnerships-developing-relationships-families.pdf) “Guide to Developing Partnerships with Families” available at <https://www.headstart.gov/sites/default/files/pdf/building-partnerships-developing-relationships-families.pdf>

¹⁷ Drishti Pillai et. al. “Health and Health Care Experiences of Immigrants: The 2023 KFF/LA Times Survey of Immigrants” (Sept. 17, 2023), available at <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants/>

Experiencing intimate partner violence, sexual assault, or human trafficking is associated with many negative health consequences.¹⁸ CHCs are uniquely positioned to offer trauma-informed, safe, affordable, and culturally appropriate places where immigrant survivors and their children can seek medical care, counseling and connections to services.¹⁹ This includes child survivors of abuse, as access to health care counseling, trauma therapies, and other services can make a tremendous difference in terms of healing and buffering against the long term impacts of domestic violence. CHCs and programs that serve survivors of domestic and sexual violence, human trafficking, and other crimes have a long established history of working together to support survivor health and prevent violence.²⁰

Restricting access undermines this work and creates confusion in settings that have historically provided life-saving services to survivors, regardless of their immigration status. The 2025 Notice also conflicts with statutory requirements that access to emergency care be available to all.²¹ Many survivors and providers will struggle to understand which services remain accessible, potentially deterring eligible survivors and their children from seeking critical care out of fear or misinformation.

C. Increasing the Chilling Effect

Taken together, these changes will spread fear and confusion which will deter access and have broad chilling effects on immigrant families, including those who still qualify for impacted programs. Even U.S. citizen children in mixed-status families will be impacted– as one in four children in the U.S. living with at least one immigrant parent.²² This chilling effect will impact immigrant survivors that Congress sought to protect in VAWA and the TVPA, harming immigrant families struggling to heal and thrive after suffering crime victimization perpetrated against them in the United States.

¹⁸ Centers for Disease Control and Prevention, National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence" (October 2022), available at https://www.cdc.gov/nisvs/documentation/NISVSReportonIPV_2022.pdf; Centers for Disease Control and Prevention, National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence" (June 2022), available at <https://stacks.cdc.gov/view/cdc/124625> (reporting that "sexual assault is a complex public health problem that can affect persons across their lifespan. It often begins early and can have lifelong impacts on health"); U.S. Department of Health and Human Services, The Administration for Children and Families, "Resources: Common Health Issues Seen in Victims of Human Trafficking", available at https://acf.gov/sites/default/files/documents/orr/health_problems_seen_in_traffick_victims.pdf (noting that "trafficking victims may suffer from an array of physical and psychological health issues stemming from inhumane living conditions, poor sanitation, inadequate nutrition, poor personal hygiene, brutal physical and emotional attacks at the hands of their traffickers, dangerous workplace conditions, occupational hazards and general lack of quality health care")

¹⁹ Futures Without Violence, "Prevent, Assess & Respond: A Domestic Violence and Human Trafficking Toolkit for Health Centers and Domestic Violence Programs" (2024), available at <https://ipvhealthpartners.org/wp-content/uploads/2024/06/FWVToolkit.FINAL-2024.pdf>

²⁰ *Id.*

²¹ See e.g. 8 USC 1611(b)(1).

²² Drishti Pillai, Akash Pillai, and Samantha Artiga "Children of Immigrants: Key Facts on Health Coverage and Care" KFF (January 15, 2025), available at <https://www.kff.org/racial-equity-and-health-policy/issue-brief/children-of-immigrants-key-facts-on-health-coverage-and-care/>

Safety-net programs are often essential for survivors, given the well-established and acute connection between poverty and domestic violence. While intimate partner violence permeates all income levels, “there are unique challenges and barriers at the intersection of these forms of violence and economic disadvantage.”²³ Research cited by the Centers for Disease Control and Prevention (CDC) indicates that intimate partner victimization is associated with economic, food and housing insecurity.²⁴

Thus, access and use of safety-net programs may make the difference in whether survivors and their children can escape abuse: For example, Head Start programs offer a safe place for a child to be while the survivor attends a court hearing or meets with an advocate. CHCs provide trauma-informed medical care, and mental health services that help improve health outcomes for survivors and their children. These programs also enable survivors to return to work sooner after injury or illness, and access to educational supports and health care can foster long-term economic stability after experiencing an abusive relationship, sexual assault or human trafficking.²⁵ In one survey of survivors, 90% reported that public benefits are “very much” or “somewhat” important for meeting basic needs.²⁶

The changes in the 2025 Notice compound an existing climate of fear— one that is already silencing victims. According to a recent national survey, 76% of advocates serving immigrant survivors reported that their clients are hesitant to contact the police, while over 70% shared concerns about going to court for immigration-related reasons.²⁷ One participant reported that a survivor was afraid to go to the hospital and report abuse to the police after she was assaulted. She waited two days after the incident and went to the hospital only after her immigration attorney assured her it was safe. She had a broken nose and orbital bone.²⁸

Reducing access to support programs impacted by the 2025 Notice will drive immigrant survivors further into the shadows—making them less likely to seek help, report crimes, and access the care they need.

Conclusion

The 2025 Notice undermines decades of policy put in place to help support survivors of violence, and weakens access to trusted sources of community-based care. HHS should

²³ NDVH. NRCDV and Casa de Esperanza: National Latin@ Network. “We Would Have to Stay: Survivors’ Economic Security and Access to Public Benefits Programs” (November 2018), available at https://vawnet.org/sites/default/files/assets/files/2018-11/NRCDV_PublicBenefits-WeWouldHaveHadToStay-Nov2018.pdf

²⁴ NISVS. “An Overview of Intimate Partner Violence in the United States — 2010 Findings”, a https://www.wvdhhr.org/wvhomevisitation/pdf/IntimatePartnerViolenc_FactSheet.pdf

²⁵ See e.g. note 23 *supra*.

²⁶ *Id.*

²⁷ Alliance for Immigrant Survivors “Fear and Silence: 2025 Insights from Advocates for Immigrant Survivors (June 18, 2025), available at <https://bit.ly/ais-advocate-survey>

²⁸ *Id.*

not be in the business of creating barriers for survivors, but that is precisely what the 2025 Notice does. We call for its immediate withdrawal to support not only survivors, but the safety and health of our communities as a whole.

Signed:

National Organizations

Alianza Nacional de Campesinas
Asian Pacific Institute on Gender Based Violence
ASISTA Immigration Assistance
BWJP
Center for Human Rights and Constitutional Law
Esperanza United
FORGE, Inc.
Freedom Network USA
Futures without Violence
Jennifer Ann's Group
Just Solutions
National Alliance to End Sexual Violence
National LGBTQ Institute on Intimate Partner Violence
National Network to End Domestic Violence
National Organization for Victim Advocacy (NOVA)
National Resource Center on Domestic Violence
Tahirih Justice Center
The Advocates for Human Rights
TMWF Inc.
United Church of Christ
VALOR
Young Center for Immigrant Children's Rights
YWCA

State and Local Organizations

Arizona

Arizona Coalition to End Sexual and Domestic Violence

California

California Partnership to End Domestic Violence
Asian Americans for Community Involvement (AACI)
Coalition to Abolish Slavery and Trafficking
Immigration Institute of the Bay Area
Next Door Solutions to Domestic Violence
Survivor Justice Center
The People Concern

Colorado

Violence Free Colorado
Colorado Coalition Against Sexual Assault

District of Columbia

DC Coalition Against Domestic Violence
The Person Center

Georgia

Hope Immigration, LLC
Raksha, Inc

Idaho

Idaho Coalition Against Sexual and Domestic Violence (ICASV)

Illinois

Ascend Justice
The Immigration Project
Life Span

Indiana

Indiana Coalition to End Sexual Assault

Iowa

Law Office of Sonia Parras
Monsoon Asians & Pacific Islanders in Solidarity

Kentucky

ZeroV

Massachusetts

Safe Passage Inc.

Maryland

Maryland Network Against Domestic Violence
The Women's Law Center of Maryland, Inc.

Minnesota

Violence Free Minnesota
Minnesota Coalition Against Sexual Assault

Missouri

Migrant & Community Action Project

Montana

MCADSV

Nebraska

Nebraska Coalition to End Sexual and Domestic Violence
Voices of Hope

Nevada

Nevada Coalition to End Domestic and Sexual Violence

New Hampshire

Bridges

New Mexico

New Mexico Coalition Against Domestic Violence

New York

New York State Coalition Against Domestic Violence
Arab American Family Support Center
Her Justice
Jahajee: Indo-Caribbeans for Gender Justice
New Destiny Housing
SAVI
Womankind

North Carolina

NC Coalition Against Sexual Assault

Ohio

Ohio Domestic Violence Network
Alliance Area Domestic Violence Shelter
Crisis Care Line, Inc.
Crime Victim Services
DeafPhoenix
Jewish Family Service Association of Cleveland
Safe Harbour Domestic Violence Shelter Inc
The Lighthouse, Inc
Tri-County Help Center, Inc.

Oregon

Ecumenical Ministries of Oregon

Rhode Island

Rhode Island Coalition Against Domestic Violence

Tennessee

Tennessee Coalition to End Domestic and Sexual Violence

Pennsylvania

Dinah

Puerto Rico

Puerto Rico Coalition Against Domestic Violence and Sexual Assault

Rhode Island

Rhode Island Coalition Against Domestic Violence

Utah

Utah Domestic Violence Coalition

Vermont

Vermont Network Against Domestic and Sexual Violence

Virginia

Virginia Sexual and Domestic Violence Action Alliance

Washington

Washington State Coalition Against Domestic Violence

Wisconsin

Wisconsin Coalition Against Sexual Assault

End Domestic Abuse Wisconsin

Advocates of Ozaukee, Inc

HIR Wellness Institute

New Beginnings APFV

Reach Counseling

Stepping Stones, Inc.

UNIDOS