



National Association of County & City Health Officials

The National Connection for Local Public Health

August 12, 2025

Secretary Robert F. Kennedy, Jr.
U.S. Department of Health and Human Services
Herbert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

RE: Docket ID. AHRQ-2025-0002, Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of “Federal Public Benefit”

Secretary Kennedy,

On behalf of the National Association of County and City Health Officials (NACCHO), I write to provide comments in response to the notice on the Interpretation of “Federal Public Benefit” as outlined in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). NACCHO represents the over 3,300 local health departments across the United States. Local health departments work every day in their communities to prevent disease, promote wellness, and protect health security. NACCHO supports efforts to better connect and integrate public health, physical and behavioral health, and social services to fulfill national public health goals, community by community.

To protect the public, local health departments strive to keep all residents of their communities as healthy as possible. However, this policy could hamper years of public health investment and undermine the trust gained by local public health in their communities, which is critical to effectiveness. For example, untreated sexually transmitted infections and diseases could travel across many communities at a rapid pace without the knowledge of those infected. For more devastating illnesses, a reluctance to seek out treatment could result in mass casualties. During a disaster, it could lead to avoidance of shelters or delays in following evacuation orders. Overall, it could negatively impact the efficiency and effectiveness of local public health by creating real or perceived barriers from the services and supports of the local health department.

The policy change would prevent individuals from accessing or delaying health care and preventative public health services, likely resulting in negative impacts on the health and well-being of communities and increases in future health care expenditures.¹ Ultimately, those affected would include immigrants and citizens alike. People who are unable to access preventive health care inevitably enter the health

¹ [New Policy Bars Many Lawfully Present and Undocumented Immigrants from a Broad Range of Federal Health and Social Supports | KFF](#)

care system at more complex and expensive points. Delayed treatment leads to worse health outcomes, including rising STI rates, increases in late-stage cancer diagnoses, and poor maternal and infant health, all of which require more intensive, costly interventions. Deferred care and services will likely incur increased costs to local and state governments and society. In order to fulfill their mission, it is critical that individuals can access their important services and programs that aim to make the population in their community healthier and more resilient. This change would prevent many lawfully present immigrants as well as undocumented immigrants from accessing health care and preventative public health services, likely resulting in negative impacts on the health and well-being of communities and increases in future health care expenditures.

This unexpected notice has caused confusion among service providers and the public, as it conflicts with existing statutory and regulatory requirements. For example, some health departments are also federal qualified health centers, which are statutorily required to provide care regardless of immigration status. Even for those key local health department functions that continue to be explicitly permitted as they are written into the PRWORA statute, the end result will likely undermine trust in local public health's vital role in the community. This is particularly concerning in the case of prevention and disease mitigation work, as individuals in their community are likely to avoid interactions with governmental public health. Changes and confusion in federal policy has previously had a "chilling effect" on immigrants' interactions with local health departments.² For example, in 2018, the Administration proposed changes to the public charge rule that demonstrated a "chilling effect" in over 1 in 5 adults in immigrant families with children who qualified for noncash government programs like SNAP, Medicaid, or the Children's Health Insurance program.^{3 4} Local health departments have already expressed similar concerns about this change on their ability to interact with and care for all individuals in their communities.

Beyond the impacts to their work with the community they serve, the policy change may add increased administrative burden to the work of local health departments. While PRWORA exempts nonprofit charitable organizations from verification requirements, it does not exempt state and local governments that already expend extraordinary resources on verifying eligibility for programs like Medicaid and the Supplemental Nutrition Assistance Program (SNAP). Any new requirements for state and local governments to verify eligibility for programs newly deemed to be Federal public benefits would be an unfunded mandate and require the development of new policies, technology, and training procedures that will take time and resources away from the work they do to protect the health of their region.

NACCHO is also concerned about the process for this policy change. As the notice went into effect immediately, it was not informed by the practical realities of implementation and needs at the

² Page, K. R., & Polk, S. (2017). Chilling effect? Post-election health care use by undocumented and mixed-status families. *New England Journal of Medicine*, 376(12), e20

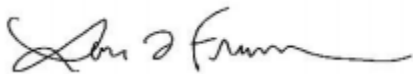
³ [one-in-five-adults-in-immigrant-families-with-children-reported-chilling-effects-on-public-benefit-receipt-in-2019_1.pdf](#)

⁴ [Chilling Effect? Post-Election Health Care Use by Undocumented and Mixed-Status Families | New England Journal of Medicine](#)

community level that would be provided by a traditional public comment period or through other outreach. The lack of advanced warning also prevented local health departments from assessing and adjusting, if necessary, their funding streams. Rescinding the interpretation of “any grant” which had previously applied to individuals and applying it without warning to “non-individuals” after nearly three decades represents a significant shift in federal regulatory policy. NACCHO strongly recommends HHS provide for public comment periods prior to implementation of any policy changes.

The previous policy allowed our nation to address public health issues based on the unique needs of the local community. NACCHO is very concerned that the current policy will have a sweeping negative impact on access and utilization of vital public health services across communities, not just those impacted by the change. NACCHO supports efforts to better connect and integrate public health, physical, and behavioral health and respectfully urges HHS to withdraw this policy and ensure that public health and prevention services reach every individual who needs it. For communities to be safe, secure and thrive, everyone in those communities must be able to access the care, services, and support they need to remain healthy and productive. If you have any questions or require additional information, please contact Adriane Casalotti, Chief of Government and Public Affairs, at acasalotti@naccho.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Tremmel Freeman". The signature is fluid and cursive, with a long horizontal flourish at the end.

Lori Tremmel Freeman, MBA
Chief Executive Officer
National Association of County and City Health Officials