

United States Senate

WASHINGTON, DC 20510

August 4, 2025

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

The Honorable Linda McMahon
Secretary
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

The Honorable Lori M. Chavez-DeRemer
Secretary
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

The Honorable Pamela J. Bondi
Attorney General
Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530

Dear Secretaries Kennedy, McMahon, and Chavez-DeRemer and Attorney General Bondi:

We write to express our significant opposition to the recent announcements from your Departments regarding the reinterpretation of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) to exclude many members of the immigrant community, including those who are lawfully present in the country, from an expanded list of federal services. These cruel and targeted actions are meant to confuse and undermine health care, education and social service providers. They turn back nearly three decades of precedent and will make our communities less healthy, less educated, and less productive. We urge you to rescind this guidance immediately, to ensure continuity of services for children, workers, adult learners, veterans, survivors of domestic violence, and seniors across the country.

PRWORA excludes immigrants who are not listed as “qualified” from Federal public benefits. The policies and regulations defining the scope of the federal public benefit definition under PRWORA have been consistent since 1998. However, on Thursday, July 10, 2025, the Department of Health and Human Services (HHS) issued a notice that changes its interpretation to include education, public health and safety-net programs such as Head Start, Community Health Centers, and the Community Services Block Grant.¹ This harmful action will restrict immigrants’ access to life-saving health and critical education programs. Similarly, the Department of Education issued a notice restricting eligibility for career and technical education in postsecondary settings and for adult education programs which will limit immigrants’ access to education and employment opportunities.² The Department of Labor (DOL) also issued a Training and Employment Guidance Letter (TEGL) to change eligibility for workforce training

¹ <https://www.hhs.gov/sites/default/files/prwora-notice.pdf>

² <https://www.ed.gov/about/news/press-release/us-department-of-education-ends-taxpayer-subsidization-of-postsecondary-education-illegal-alien>

programs.³ And the Department of Justice (DOJ) issued an order declaring that it would no longer recognize any exemptions from restrictions, beyond those explicitly stated in other parts of the original PRWORA statute, for services needed to protect life or safety. Across the board, these changes are counter to congressional intent and the stated purposes of these programs, which help to protect the health and well-being of all U.S. residents. Moreover, these significant changes were implemented abruptly without a prior opportunity for public comment.

Your surprise actions will put millions of American lives in jeopardy by adding new barriers for individuals and families to access critical programs. They will shift costs and add administrative burdens to already strained state and local governments. Furthermore, your actions will have a chilling effect on otherwise eligible families, such as those with U.S. citizen children, lawful permanent residents, and even eligible U.S. citizens, who may lack the requisite paperwork or be deterred from seeking services available to them. Your decision to finalize these interpretations without clarity regarding how these policies will be implemented creates significant confusion for community-based service providers and schools across this country and raises many questions: Will programs need to require verification of immigration status for *all* individuals served? Will the administration abide by the statutory requirements that nonprofits are not required to verify immigrant eligibility, or will it employ new types of coercion? How will communities be compensated for the increased burdens on the affected individuals, agencies and infrastructure? Not only will the requirements make the delivery of services less efficient for all Americans, they could also lead to racial profiling or other discriminatory practices – beyond the discrimination inherent in the restrictions themselves.

Department of Health and Human Services Programs:

HHS, in its notice, reversed the 1998 guidance that determined the specific types of programs that are federal public benefits through a careful reading of PRWORA, and the limits Congress placed on the types of programs that would exclude or remain available to all otherwise eligible community members. This dramatic shift by the agency adopts a much more aggressive interpretation without any formal rulemaking process.

Issuing new immigration status requirements would undermine the safety and education of thousands of young children and families living in poverty who are served through Head Start. Head Start provides critical early childhood education and comprehensive services to nearly 800,000 children across the country and for the purposes of PRWORA, has until now, been rightfully considered an education program that does not carry immigration restrictions.⁴ Children excluded from Head Start will be less prepared for public schools, and could need more resources later in life. The arbitrary decision to change decades of practice to consider Head Start a “federal public benefit” is directly counter to the stated purpose of the *Head Start Act*, which is to “promote the school readiness of low-income children by enhancing their cognitive, social and emotional development.”⁵ The law clearly specifies requirements related to meeting the needs of immigrant, refugee, and asylee families.⁶ In particular, these changes will have an outsized impact on the nearly 25,000 children who are served across 34 states by Migrant and Seasonal

³ <https://www.dol.gov/newsroom/releases/osec/osec20250710>

⁴ <https://headstart.gov/sites/default/files/pdf/service-snapshot-all-2023-2024.pdf>

⁵ 42 U.S. Code § 9831

⁶ 42 U.S. Code § 9835

Head Start programs for agricultural worker families—a program that Congress explicitly created to keep children of migrant and agricultural farm workers safe while their parents work and updated just last year without any restrictions based on immigration status.⁷

These changes would jeopardize the health and well-being of all Americans and create significant barriers to critical health care services, including primary care, substance use, mental health, and prenatal care. For example, the restrictions would add confusion for providers of life-saving mental health and substance use disorder care who may feel compelled to use their time screening for citizenship and immigration status instead of providing treatment for the 3 million people who access critical services through over 500 Certified Community Behavioral Health Clinics (CCBHCs). Further, 59 States, Territories, and the District of Columbia rely on the Community Mental Health Services Block Grant (MHBG) to combat the mental health crisis across the country through community-based services for children, adults, and people with severe mental health conditions. This program provides services to over 8 million people, including children and adults in crisis. HHS has previously acknowledged the need for the MHBG by stating that it represents “a significant ‘safety net’ source of funding for mental health services for some of the most at-risk populations across the country.”⁸ When anyone is denied access to mental health services, their family, employer, and broader community suffers.

The substance use and opioid crisis is ravaging this country and the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) is a critical tool that 60 States, Territories, and the District of Columbia rely on to respond to the crisis destroying their communities. For the first time in years, the U.S. has seen a decline in opioid overdose deaths.⁹ States, communities, and providers have the tools they need to provide life-saving treatment services; requiring providers to screen for immigration status instead of providing Naloxone, methadone, buprenorphine, and other critical services will put millions of people in danger and will reverse this hard-fought progress for entire communities. Denying or delaying a person substance use treatment based on their immigration status or perceived immigration status will cause irreparable harm.

Primary care is the backbone of our health care system, and community health centers are an essential network that has provided high-quality, affordable primary care in this country for over six decades. Congress designed the Health Center Program to advance public health by ensuring that all residents of medically underserved areas and populations can receive care regardless of insurance status or ability to pay. Navigating new restrictions on access to care would place a significant administrative burden on health centers that are struggling to keep their doors open due to insufficient federal funding and looming cuts to Medicaid. If health centers are required to make these changes, it could put at risk the existence of the 1,500 health centers across all states and the health care services that over 30 million people rely on. Farmworkers risk cancer from pesticides and sun and heat exposure to feed this nation, yet many are already ineligible for public health insurance options. Denying them access to basic care through these community-

⁷ <https://headstart.gov/sites/default/files/pdf/service-snapshot-mshs-2023-2024.pdf>

Public Law No: 118-47.

⁸ <https://www.samhsa.gov/sites/default/files/samhsa-fy-2025-cj.pdf>

⁹ <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html#:~:text=New%20provisional%20data%20from%20CDC's,compared%20to%20the%20previous%20year>

based options to treat these same conditions would be cruel. Delaying or limiting these critical services will jeopardize the health and safety of the people these programs are meant to protect.

The harmful restrictions would also jeopardize critical services provided through the Community Services Block Grant (CSBG) to about 10 million individuals through over 1,000 local community action agencies across the country, such as assistance for housing, nutrition, utilities, and transportation as well as crisis and emergency services. In 2023, CSBG provided support to nearly 400,000 individuals in obtaining or maintaining jobs, benefits, and increasing their incomes; and nearly 1.2 million individuals improved their educational outcomes.¹⁰ CSBG has long been aimed at creating pathways out of poverty and supporting working class families regardless of immigration status in order to help communities thrive.

Department of Education Programs:

Every child in this country has a right to public education regardless of their immigration status. Yet, in an unprecedented move, ED reinterprets the statute to potentially limit access to career and technical education (CTE) provided to high school students based on their immigration status, depending on the setting in which they receive that education. Our nation's public schools have made progress toward expanding access to CTE programs by aligning high school and postsecondary education, yet your new interpretation of PRWORA creates an arbitrary distinction between CTE programs offered to high school students in secondary versus postsecondary settings. This conflicts with the reality of how CTE programs operate in communities across this country, where secondary students are often served in a postsecondary setting, such as at a local community college. In fact, 82 percent of public schools serving high school students offer dual or concurrent enrollment opportunities for students, including 90 percent of rural schools¹¹ and nearly 2.5 million high school students took at least one dual enrollment course from a college or university in the 2022–23 academic year.¹² Instead of this administration focusing on expanding and removing barriers to CTE, this policy change would require new immigration status verification requirements of local education agencies (LEAs), adding new red tape to all people hoping to further their education and skills.

The fundamental principle of public education in our country is that it is free and available to any student, no matter their background. However, your decision to impose immigration status requirements for certain CTE programs would create clear disparities in access to certain learning opportunities within our public schools and will potentially require schools to verify the citizenship and immigration status of *all* students in order to comply with this change. Denying high school students access to publicly funded CTE programs based on their immigration status is a clear attempt to put this country on a dangerous path toward overturning current precedent.¹³

Additionally, at a time when 28 percent of adults lack basic literacy skills and 34 percent of adults lack basic numeracy skills,¹⁴ this policy change undermines access to adult education

¹⁰ <https://nascsp.org/wp-content/uploads/2025/01/FFY23-State-Factsheet-National-1.pdf>

¹¹ <https://nces.ed.gov/pubs2020/2020125.pdf>

¹² <https://ccrc.tc.columbia.edu/easyblog/how-many-students-are-taking-dual-enrollment-courses-in-high-school-new-national-state-and-college-level-data.html>

¹³ *Plyer v. Doe*

¹⁴ <https://www.edweek.org/leadership/u-s-reading-and-math-gap-is-getting-worse-for-adults-too/2024/12>

programs serving 1.3 million adult learners each year in local schools, libraries, and other community centers. Adult education programs play an important role in providing basic “academic instruction and education services below the postsecondary level” to help adults learn math and to read, write, and speak English in order to successfully participate in the workforce. One of the stated purposes of this program is also to assist immigrants and other English language learners to improve reading, writing, and speaking, as well as to acquire an understanding of U.S. history and civics, often to support prospective citizens in preparing for citizenship exams. Your arbitrary decision to limit services for certain noncitizens, including many who are lawfully present in the U.S. and may be preparing for a citizenship exam, is directly counter to the purpose of this program. Beyond that, this decision fundamentally changes access to education for adults in communities across the country, forcing service providers to focus on verifying immigration status rather than teaching an adult to read or speak English for the betterment of themselves and their communities.

Department of Labor Programs:

While your administration has expressed a commitment to growing our nation’s workforce, this latest policy change effectively limits it. Among the more than 2.7 million people served by programs authorized under the Workforce Innovation and Opportunity Act (WIOA), the majority are among the hardest to reach and serve in communities across the country—recipients of public assistance, low-income individuals, veterans, individuals with disabilities, and people who are basic-skills deficient (including many immigrants who are learning English).¹⁵ DOL’s July 10 TEGL will increase red tape for WIOA participants and the local organizations that serve them, deny career services and supportive services to immigrants who would otherwise have been eligible, and ultimately chill participation in workforce training programs for all participants. Denying access to workforce programs and services for certain immigrants will prevent them from getting the skills and training they need to live independent lives and contribute to the growth of the American economy.

This change will create new barriers for individuals seeking work authorization. Prior to the release of this TEGL, WIOA participants were not required to present work authorization to receive a range of participant-level services such as case management, basic skills education, job placement assistance, and work experience through programs such as the Senior Community Service Employment Program, supportive services (including needs-related payments), labor exchange services, and information on worker rights while waiting for work authorization. Of note, WIOA participants without work authorization could also receive individual assistance to *obtain* work authorization.

Now, individuals who are seeking work authorization cannot even receive assistance with navigating the process of obtaining such authorization. Participants who currently have work authorization but are unable to present it will be denied services for which they were eligible. These changes will also significantly increase unfunded red tape for local and state workforce boards by affirmatively requiring them to devote staff time to verifying participants’ work authorization, building technology to comply with a substantive new federal requirement, and

¹⁵ <https://www.dol.gov/agencies/eta/performance/wioa-performance>

submitting compliance reports and responding to any potential audits, among other new onerous requirements.

Department of Justice

The Attorney General's decision to abdicate responsibility under PRWORA to identify programs that are necessary to protect life or safety places individuals and communities at great risk of harm. DOJ's decision to reverse a 2001 order and identify not a single exclusion under this exemption - beyond those listed elsewhere in the statute - is in direct conflict with congressional intent. It will harm children and women of all statuses who face danger if excluded from critical health and human service programs. If agencies are no longer required to ensure full access to in-kind programs for survivors of violence, child protection, mental health, and food banks, the lives of many people will be put in jeopardy.

Your order has the potential to spur confusion across the federal government and among recipients of federal funds. Instead of providing clarity about the services that are essential to protect life or safety, you provide no such guidance. This could lead to inconsistency across federal agencies and programs, leaving the governments and organizations that deliver these services unsure of what to expect. Congress never intended for hungry children to be turned away from a hot meals site or women fleeing abuse to be locked out of shelters, yet it appears that your agency has no interest in preventing this harm.

Conclusion

Your collective actions put lives at risk, turn back decades of precedent in our country and undermine what should be shared goals: supporting the health, education, well-being, and economic self-sufficiency of everyone who lives in this country. We urge you to reverse these policies immediately to prevent further harm not only to immigrant communities but to the nation as a whole.

Thank you for your attention to this matter.

Sincerely,

Sincerely,



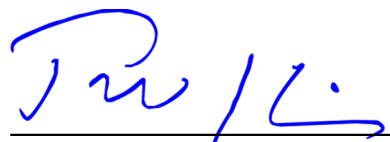
Bernard Sanders
United States Senator
Ranking Member, Committee
on Health, Education, Labor,
and Pensions



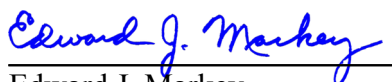
Alex Padilla
United States Senator



Charles E. Schumer
United States Senator



Tim Kaine
United States Senator




Edward J. Markey
United States Senator




Elizabeth Warren
United States Senator



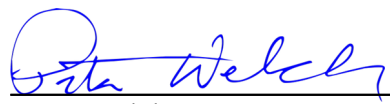
Mazie K. Hirono
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