

TO: Office of the Secretary, Department of Health and Human Services
FROM: PolicyLab, Children's Hospital of Philadelphia
RE: Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of "Federal Public Benefit"
DATE: August 13, 2025

The U.S. Department of Health and Human Services' proposed rule on [Personal Responsibility and Work Opportunity Reconciliation Act of 1996 \(PRWORA\); Interpretation of "Federal Public Benefit"](#) will limit access to important services and supports for immigrant families, including those with mixed immigration statuses, and communities.

We – researchers, clinicians and policy experts at PolicyLab at the Children's Hospital of Philadelphia (CHOP) – are responding with data on why this proposed rule will be harmful to children and families, and suggestions for improving child health policy based on the evidence. *The views expressed in this comment are those of contributing PolicyLab members and do not reflect the official positions of CHOP.*

[One in four children](#) in the United States live with at least one parent who is an immigrant, and the vast majority of these children – [nearly 90%](#) – are U.S. citizens. We know that these children's health and well-being can be directly impacted by their caregivers' [health](#) and [health insurance status](#).

Research demonstrates that when policies are restrictive or limiting for immigrants, individuals can become fearful and delay or [forgo health care](#) and/or accessing other [social supports](#). This creates potential for harm across immigrant communities, including for families with mixed immigration status.

This rule, alongside the other policy changes to eligibility for public health insurance coverage programs, will have a compounding impact on access to care. Lawfully present immigrants are already [disproportionately represented](#) among the uninsured. PolicyLab's research on underinsurance among children shows that children in immigrant families have [higher rates of underinsurance](#), meaning their coverage is inadequate, inconsistent, or has out-of-pocket costs high enough to put access to necessary care out of reach for families. Public programs and resources, such as community health centers, have been [primary points of care](#) among immigrant communities.

Access to a range of supports in the early childhood period can be particularly impactful in supporting the trajectory of a child's development and a family's health and well-being. Research on Head Start has found multiple long-term positive effects on program recipients, including improvements in health outcomes, [test scores](#), and other [educational outcomes](#), as well as reductions in criminal [involvement](#), [social, emotional, and behavioral development issues](#), and the adoption of [positive parenting practices](#). [Research](#) has also found that benefits persist across generations for the Head Start recipients' children. Limiting access to Head Start will have long-term effects and increase disparities in early childhood development and school readiness.

PolicyLab

With a goal of advancing the health of children in America, we would encourage conversations about the important work to be done, including in health care, to [better support](#) immigrant families. There are opportunities for public health practitioners and policy makers to [protect the health and well-being](#) of immigrant communities. And there are long-term benefits for everyone in the United States to ensuring that children in immigrant families have access to the resources that they need to thrive.