



ADVOCATES FOR
COMMUNITY
HEALTH

August 13, 2025

Robert F. Kennedy, Jr.
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

**RE: Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA);
Interpretation of “Federal Public Benefit”**

Dear Secretary Kennedy,

Thank you for the opportunity to respond to the Department of Health and Human Services (HHS) notice in which you describe the agency’s [interpretation of “Federal public benefit” as used in Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 \(PRWORA\)](#).

On behalf of our member community health centers (CHCs) and the over 3 million patients they serve, [Advocates for Community Health](#) (ACH) appreciates the opportunity to respond to this proposed change. ACH is a member organization focused on advocacy initiatives to affect positive change for CHCs, the patients they serve, and the entire nation’s health care system. Our 45 health center members represent 22 states, Puerto Rico, and the District of Columbia.

Community health centers are the backbone of our nation’s health care system, providing high-quality, consistent, accessible, and affordable primary care. They are located in rural and medically underserved urban communities and, as required by federal law, serve all patients regardless of their ability to pay, providing a range of medical, behavioral, and enabling services.

ACH is concerned that HHS's reinterpretation of “federal public benefit” imposes administrative uncertainty, for both health centers and their patients, that can impact health centers’ ability to deliver care. By creating barriers to care at health centers, this policy could shift the care burden to other, more costly parts of the health care system like hospital emergency departments (EDs) and result in worse health outcomes and more expensive care across communities.

Research has shown that patients who receive a majority of their ambulatory care at community health centers have significantly lower annual overall medical expenditures (24%) and ambulatory expenditures (25%) than those who do not.¹ Individuals who cannot access primary care and chronic disease management services are more likely to rely on costlier care, especially emergency department visits. Increased use of the ED impacts every member of a community, leading to rising health care costs, creating obstacles for those who need the ED for true emergencies, and adding to provider stress and burnout.

We urge the Department not to add this additional administrative burden for safety net providers and withdraw this reinterpretation. Care by community health centers benefits communities nationwide beyond the four walls of the exam room, and CHCs must be allowed to continue to focus on meeting local health needs and providing high quality primary health care in order to ensure community members' health and wellbeing.

Advocates for Community Health appreciates the opportunity to provide feedback on HHS's Interpretation of "Federal Public Benefit" under PRWORA. For more information, please contact me at apearskelly@advocatesforcommunityhealth.org and/or Stephanie Krenrich, Senior Vice President of Policy and Government Affairs, at skrenrich@advocatesforcommunityhealth.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Pears Kelly', with a stylized, flowing script.

Amanda Pears Kelly
Chief Executive Officer
Advocates for Community Health

¹ Richard P, Ku L, Dor A, Tan E, Shin P, Rosenbaum S. Cost savings associated with the use of community health centers. J Ambul Care Manage. 2012 Jan-Mar;35(1):50-9. doi: 10.1097/JAC.0b013e31823d27b6. PMID: 22156955.