



Immigrants and Public Benefits: What Does the Research Say?

November 2018



BIPARTISAN POLICY CENTER

AUTHORS

Tim O'Shea

Intern

Cristobal Ramón

Policy Analyst

ACKNOWLEDGMENTS

The authors would like to thank the following individuals for their contributions to this report: Theresa Cardinal Brown, Laura Hall, Jordan LaPier, and Katie Sullivan.

DISCLAIMER

The findings and analysis expressed herein do not necessarily represent the views or opinions of the Bipartisan Policy Center's founders, board of directors, or funders.



4 Introduction

5 A Review of Research on Immigrant Use of Public Benefits

What Laws Regulate Immigrant Access to Public Benefits?

Do Immigrants Use Public Benefits More Than Other Groups?

What Groups of Immigrants Use Public Benefits?

Refugee Use of Public Benefits

What Fiscal Impact Do Immigrants Have on Public Benefits Programs?

9 The Impact of Legislation and Other Factors on Immigrant Use of Public Benefits

How Have Federal Laws Shaped Immigrant Use of Public Benefits?

State Laws on Immigrant Use of Public Benefits

How Have Enforcement and Social Factors Impacted Immigrant Use of Public Benefits?

11 Conclusion

12 Appendix

13 Endnotes

Introduction

Over the last 25 years, the use of public benefits by immigrants—especially undocumented immigrants—has served as a discussion point in the national debate over immigration. This issue gained national prominence in 1994 when voters in California approved Proposition 187, a state ballot initiative that prohibited undocumented immigrants from accessing nonemergency health care, public education, and other state services. While subsequent legislation overturned the initiative, Proposition 187 served as a precursor to the 1996 congressional reforms of federal welfare and immigration laws that restrict non-citizens' access to federal benefits. These laws allow states to extend or restrict benefits for non-citizens, establishing another component to the framework that regulates non-citizen access to these services. More recently, the Trump administration has proposed a new regulation that would make it harder for individuals who have used public benefits to access a visa or green card by changing the process for determining whether this use makes them ineligible to move to the United States.

Researchers have conducted a range of studies on the use of public benefits by immigrants and their families. The academic literature on this topic is varied, often reflecting the ideological and methodological approaches of their authors. For instance, researchers affiliated with the restrictionist Center for Immigration Studies publish studies that show immigrant-headed households use significantly more public benefits than native-born Americans. Researchers affiliated with more pro-immigration groups, such as the Cato Institute, produce studies that show immigrants use these benefits at lower rates.

This literature review attempts to discern where the preponderance of research lies on immigrant use of public benefits. In summary, the majority of research reviewed shows that individual immigrants use public benefits at lower rates and at lower portions than native-born Americans. Households with immigrant parents and U.S. citizen children may use benefits at higher rates than other household types, however. Immigrants have a fiscal impact on these programs, but the types of taxes and benefits authors include in their studies determine whether this effect is positive or negative. Finally, concerns about immigration enforcement may lead fewer immigrants or individuals with immigrant backgrounds to use or to register for these services, even when they are legally permitted to do so, suggesting that an individual's circumstances—not laws regulating access to public benefits—may be the key factor that dictates their use of public benefits.



A Review of Research on Immigrant Use of Public Benefits

WHAT LAWS REGULATE IMMIGRANT ACCESS TO PUBLIC BENEFITS?

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 and the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996 established the current framework governing non-citizen access to federal public benefits in the United States.¹ These laws focus on two categories of benefits: cash assistance and non-cash assistance. Cash assistance is financial support meant to supplement an individual's income, including Supplemental Security Income (SSI) and Temporary Assistance for Needy Families (TANF).^a Meanwhile, non-cash assistance can include affordable housing vouchers, energy subsidies, Medicaid, and food stamps, among other programs.

PRWORA limits both types of benefits to “qualified” and “eligible” immigrants, namely individuals who have legal permanent resident status or other permanent authorization to reside in the United States, such as refugee status, and who have resided in the United States for five years.² These laws bar non-permanent residents from cash assistance benefits, as well as Medicaid, the Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), SSI, and TANF.³ The law limits benefits for undocumented immigrants to emergency medical care and Women, Infants, and Children (WIC) assistance.⁴

IIRIRA also puts restrictions on immigrant use of cash benefits; it requires immigrants who sponsor relatives who later receive benefits to pay back any federal public benefits paid to the immigrant they sponsor, including TANF, SSI, SNAP, nonemergency Medicaid, and CHIP.⁵ However, because enforcement of the sponsor reimbursement is left to the states, some areas choose not to seek the repayment.⁶ Finally, the Affordable Care Act also limits enrollment in its insurance markets to “qualified” and “eligible” immigrants.⁷ Proposed regulations under consideration by the Trump administration may also affect immigrant access to public benefits (see “Changes to the Public Charge Rule” on the right).

^a Studies of cash assistance also sometimes include programs that performed similar functions at different points in time. For example, many studies include Assistance for Families with Dependent Children, the precursor to TANF.

Changes to the Public Charge Rule

Proposed federal regulations may also shape the framework regulating non-citizen access to public benefits. Under immigration law, U.S. officials can reject a green card application if they believe the applicant will become what is termed a “public charge.” As currently defined by the Department of Homeland Security, the term refers to an individual who will become primarily dependent on public cash assistance or who will receive long-term care at government expense. U.S. citizens or green card holders who sponsor family members must show an ability to financially support the applicants to address these legal requirements related to public charges.¹⁰ Non-immigrants must also prove that they will not become a public charge, which is usually interpreted to mean that they have sufficient resources to support themselves and any accompanying dependents for the duration of their proposed stay and activities while in the United States. For example, student visa applicants must show that they have sufficient resources to cover the costs of their education and living expenses for the duration of their course of study.

The Trump administration has proposed a change to the public charge rule,¹¹ which would for the first time include several categories of non-cash assistance programs in its determination of public charge status, greatly expanding the possible targets for inadmissibility to the United States.¹² These public benefits would include those that “can be monetized,” such as SNAP, SSI, and TANF, as well as those that cannot, such as Medicaid and subsidized housing.¹³ It would additionally expand the scope of consideration for public-charge status by including lower levels of benefits usage in their determinations and by including the benefits usage of immediate family members rather than solely an individual.¹⁴ Finally, the rule would also require adjudicators to take into account an applicant's background—such as health, education, and wealth—when determining whether the individual falls into this category.¹⁵ Media outlets report that the administration will release a similar rule that would allow authorities to deport individuals with legal status in the United States for falling into the public charge category.¹⁶

While these federal laws created a uniform framework for access to federal benefits, state governments have pursued widely diverging sets of rules for state-level assistance. Twenty-seven states provide cash assistance to at least one immigrant classification group barred from federal assistance under PRWORA and IIRIRA, and seven states do the same with food assistance.⁸ Twenty-eight states also provide Medicaid or CHIP coverage for immigrant women or children who would otherwise be barred, and 14 states provide prenatal care for pregnant immigrant women.⁹ Due to the federal bars, states can only provide these benefits with state government funds.

DO IMMIGRANTS USE PUBLIC BENEFITS MORE THAN OTHER GROUPS?

Most research into immigrants' benefits usage finds that individual immigrants use public benefits at lower rates and at lower levels than native-born Americans. However, some researchers debate whether individuals or households are the right measure for determining immigrants' benefits usage; some researchers argue that when looking at immigrant-headed households, which may also include U.S. citizens, immigrants use these benefits at higher rates (see "Immigration-Headed Households and Immigrant Use of Public Benefits" on page 7).

★ ★ ★

Most research into immigrants' benefits usage finds that individual immigrants use public benefits at lower rates and at lower levels than native-born Americans.

Most studies of benefits usage by individuals find that immigrants access benefits at or below the usage rate for native-born Americans. This includes studies that look at sets of benefits, including Aid to Families with Dependent Children (AFDC), SSI, and General Assistance,^{17,18} as well as Medicaid, CHIP, and SNAP.^{19,20} Research that looks at adults and children separately finds that non-citizen adults and children are less likely to use Medicaid, CHIP, and SNAP than native-born adults and citizen children, respectively.²¹ These same studies find that per-beneficiary expenditures for benefits like Medicaid, CHIP, and SNAP are also lower for immigrants than for natives.²²

Various researchers also use different definitions of public benefits to assess this question. Some authors argue that because different welfare programs inevitably have different usage profiles and eligibility requirements, including as many welfare measures as possible is the most accurate method of gauging immigrant usage rates.²³ Research produces different results depending on which benefits measures are included. For example, a 1999 study evaluated whether immigrant groups were more likely to move to areas with less stringent welfare eligibility. When the study used AFDC and food-stamp programs to assess this issue, the author found that refugees and green card holders were the only groups that moved to these states. However, green card holders but not refugees were more likely to move to these states when the study used SSI and food stamps to analyze this question.²⁴

Finally, some research suggests that non-citizen use of public benefits may limit their availability to other eligible populations. In programs with limited resources, such as public housing, the limitations could generate competition among population groups if immigrants gain disproportionately more access to these benefits.²⁵ This competition for benefits depends on whether these limitations are short-term or long-term constraints. For example, one study shows that in-state tuition for immigrants is unlikely to trigger long-term shortages or tuition increases, because university constraints like class seats are only fixed in the short term.²⁶ However, another study finds that immigration does not impact TANF levels or total spending for this benefit, suggesting that immigration does not shape the welfare state's growth or benefit levels.²⁷ In a national survey conducted by the Bipartisan Policy Center a large number of Americans are concerned that immigrants are taking benefits that should go to Americans first.²⁸ However, further research is necessary to substantiate these perceptions.

WHAT GROUPS OF IMMIGRANTS USE PUBLIC BENEFITS?

Studies that examine how different immigrant groups access various public benefits find that older immigrant couples with young children and elderly immigrants tend to use welfare the most.³⁹ Other research finds that immigrants from Canada and South America tend to have lower usage rates of food stamps, public housing, heat subsidies, and cash benefits than immigrant groups from regions such as Asia, Africa, or Europe.⁴⁰ Finally, research from 2011 shows that immigrants who naturalize and become U.S. citizens have lower usage rates of food stamps, public housing, heat subsidies, and cash benefits than green card holders when compared across all countries of origin.⁴¹



Immigrant-Headed Households and Immigrant Use of Public Benefits

Researchers debate whether using immigrant-headed households as the unit of analysis accurately assesses whether immigrants use public benefits more than native-born Americans. Proponents of using households as the measure, mostly those in the immigration-restriction camp, argue that this method is more precise because immigrants can gain access to social benefits programs through their U.S. citizen or legal permanent resident children or spouses. Restrictionist researchers also argue that even if the U.S. citizen is the direct recipient of the benefit, the rest of the household also gains, because it frees up household resources that would otherwise be used in support of the citizen.²⁹ Other researchers, however, reject this approach, arguing that the use of public benefits by U.S. citizens are permissible by law and should not count as the same as direct immigrant access.³⁰ They assert that analyses based on households that fail to adjust for larger immigrant household sizes produce skewed results against immigrants.³¹ Finally, these researchers oppose using households as the unit for analysis because public benefits programs like Medicaid, CHIP, and SSI provide benefits to individuals rather than to entire households.³²

While there are arguments in support of both claims, research on households with immigrant parents and U.S. citizen children seems to show that those households may use benefits at higher rates than other household configurations. The proponents of this approach, while they have been heavily critiqued in their field, find that immigrant-headed households use benefits such as Medicaid, TANF, and WIC at higher rates than native-headed households, even when adjusted for household size.^{33,34} Another analysis of cash assistance, SNAP benefits, and Medicaid usage rates by all-native, all-immigrant, and mixed households supports this position, finding that households with citizen children and non-citizen parents have the highest usage rate compared with the other groups.³⁵

However, studies that look only at cash assistance and SSI use by immigrant households support the household approach, finding that non-citizen children are less likely to receive benefits than citizen children in all-citizen households.³⁶ In particular, a 2016 National Academies of Science study, *The Economic and Fiscal Consequences of Immigration*, which examined the comparative use of cash welfare, food stamps, and SSI for households under 200 percent of the federal poverty line found that immigrant households have lower utilization rates than native-headed households.³⁷ Finally, research that controls for social characteristics—including education, income, and immigration status—finds that non-refugee immigrant and native households use similar levels of AFDC, SSI, and General Assistance.³⁸

Most researchers in this area continue to argue that individual usage is the proper measure of immigrants' use of benefits. However, advocates on both sides of the issue tend to gravitate toward the research that supports their preferred policy positions. It is notable, however, that the proposed regulation from the Trump administration on public charges (see "Changes to the Public Charge Rule" on page 5) seems to take the household view, since it would examine the use of benefits by other members of an immigrant's household to determine whether an immigrant meets the burden of establishing that they are not a public charge in order to qualify for a green card.

Researchers who examine immigrants use of benefits over time find that immigrants who live in the United States for extended periods decrease their use of SSI, public housing/rent subsidy, public assistance, food stamps, and Medicaid the longer they reside in the United States.⁴² Other researchers who look at this issue believe this pattern stems from two factors: (1) using social benefits at the start of an individual's time in the United States allows immigrants to achieve social mobility,⁴³ and (2) improvements in immigrant education or economic status may also reduce their need for welfare over time, while still increasing their tax contributions.⁴⁴

REFUGEE USE OF PUBLIC BENEFITS

Studies show that refugees tend to use AFDC, General Assistance, and SSI more than immigrants entering the country with a non-refugee status.⁴⁵ This is unsurprising given that refugees often arrive with little or no financial resources and often do not have the same social networks in the United

States as other voluntary immigrants. However, while it may be due to the economic and social profile of refugees themselves, high refugee usage rates are also likely a result of the Office of Refugee Resettlement intentionally placing refugees in areas with amenable welfare-eligibility laws.⁴⁶

WHAT FISCAL IMPACT DO IMMIGRANTS HAVE ON PUBLIC BENEFITS PROGRAMS?

Studies also compare the extent to which immigrants pay the federal, state, and local taxes that fund benefits programs with their use of them (for example, whether immigrant access to benefits provides a net fiscal gain or loss to the programs themselves). This research shows that immigrants do have a fiscal impact on these programs, but the inclusion or exclusion of different types of taxes and benefits programs in the evaluation can determine whether immigrants emerge as a net positive or negative to the fiscal base of these programs.

Some studies exclude excise taxes, such as gasoline taxes and vehicle registration fees, while other studies fail to include federal tax contributions even though federal block grants help finance state-level social benefits.⁴⁷ Still other studies exclude public benefits programs, such as Social Security and Medicare, from their analyses because those programs are technically social insurance programs and not welfare. In one such analysis by the Center for Immigration Studies, immigrants are calculated to be net beneficiaries of welfare when considering Medicaid, SSI, SNAP, and TANF.⁴⁸

Methodology decisions about which programs to include can determine whether immigrants have a positive or negative fiscal impact on public benefits. Most estimations indicate that immigrants are strong net contributors to Social Security and Medicare, because many unauthorized immigrants work “on the books” using stolen or fraudulent Social Security numbers and therefore have payroll taxes for these programs withheld. Such situations mean billions of dollars are paid into those programs by individuals who cannot collect those benefits in the future.⁴⁹ Other research indicates that the low incomes, and therefore low-income taxes, of immigrants mean that their federal contributions are much lower than native-born Americans, but researchers have not yet compared this with their actual use of government benefits.⁵⁰

Studies also examine how immigrant employment affects tax revenue for these programs. Some research notes that the economic contributions of immigrant workers to the overall economy, indirect tax revenue, and reductions in welfare use in the general population due to increased overall employment can increase the tax base for these programs.^{51,52} However, restrictionist authors argue that such assessments of immigrant contributions to public benefits programs also overlook spillover costs, such as the costs of increased English-language education funding for schools with immigrant children.⁵³

Finally, an immigrant’s duration of stay and the productivity of their children may influence their overall fiscal impact on public benefits programs. Studies that look at public benefits usage rates among recent and longer-term immigrants find that long-term immigrants generate higher tax contributions as their productivity grows over time. Even if an immigrant is currently a net beneficiary of the government, then studies may underestimate the benefit that they could contribute to the economy years later as their earnings grow.⁵⁴

A report by the National Academies of Science on the economic impact of immigrants, which is considered the most extensive evaluation of these issues, noted that when the second- and third-generation descendants of immigrants are factored in, immigrants produce a more positive effect on public finances than otherwise predicted. For example, looking to data from 1994 to 2013, first-generation immigrants, including their dependent children, paid less in taxes than they received in public services, at a net cost of \$1,600 per year.⁵⁵ However, higher economic productivity and education mean that the second and third generations provide net fiscal benefits of \$1,700 and \$1,300 per year, respectively.⁵⁶

These different methods raise an important consideration in evaluating the fiscal impacts of immigrants on benefits programs or in the broader economy. Most studies use a static approach, evaluating the current tax revenue from and benefits paid to immigrants. However, more dynamic approaches that attempt to model and estimate future earnings and future benefits, as well as the fiscal impact of subsequent immigrant generations—although much more complex—could provide insight about future impacts of immigrants on these programs. This is important insofar as one of the largest undercounted factors for immigrant spillover benefits is the economic productivity of their children and their long-term contribution to the workforce, both of which make immigration in general a large benefit to public finances.⁵⁷ However, like other research related to this topic, how the costs and benefits are calculated and for whom (the immigrants alone or their children as well), can be determinative of the outcome—and determinative of which studies will be hailed by which side of the debate.



The Impact of Legislation and Other Factors on Immigrant Use of Public Benefits

HOW HAVE FEDERAL LAWS SHAPED IMMIGRANT USE OF PUBLIC BENEFITS?

Some research finds that the adoption of federal laws that restrict immigrant access to public benefits may not impact the number of individuals who use those benefits. This research has generated significant debate over whether or not these laws prompt more immigrants to naturalize to regain these benefits, with researchers finding evidence to support both assertions. Finally, a small body of research theorizes that federal welfare laws may have impacted the health outcomes of immigrant children when they lost access to public health benefits after Congress enacted restrictions.

Several studies focused on PRWORA examine the effects of changes in federal eligibility rules on immigrant usage rates for these benefits. Some research suggests that PRWORA does not greatly decrease the total number of immigrants who can access these benefits because the new restrictions only target recent arrivals, meaning longer-term immigrants still have full eligibility.⁵⁸ A 2002 study noted that PRWORA did not have a large impact on the level of immigrant usage of cash benefits, Medicaid, or food stamps if the analyses exclude California. That study did find that California experienced a large drop in immigrant use of welfare, but the authors attributed this outlier either to the effects of Proposition 187 (passed in the same year) or the massive increase in naturalization rates over the same period.⁵⁹

Studies also examine whether PRWORA's passage prompted immigrants to naturalize in order to regain access to federal benefits.^{60,61} Some studies find that the law's adoption did lead to a naturalization increase among immigrant groups with higher previous usage of cash benefits, Medicaid, and food stamps, suggesting their primary motivation in naturalizing may have been to regain access to those social benefits.⁶² Other research finds that elderly immigrants who used Medicaid were also more likely to naturalize and theorizes this is due to their higher dependence on those benefits.⁶³ However, the passage of PRWORA does not mean changes to the overall characteristics of immigrants who naturalize: Those who naturalize continue to be older, richer, better-educated immigrants who usually become citizens primarily due to family ties and long-term career prospects in the United States.⁶⁴

Other studies find that immigrants in states with more stringent immigrant welfare eligibility requirements do not naturalize at higher rates, suggesting that immigrants are not more likely to naturalize in areas where the passage of PRWORA most denies them access to benefits.⁶⁵ Specifically, Mexican adult immigrants are not more likely to naturalize in states that have more stringent eligibility even when considering index measures of multiple immigrant program availability.⁶⁶ This casts doubt on the hypothesis that the removal of access to benefits motivates naturalizations.

Finally, studies find that PRWORA may have affected the health outcomes of immigrant children. For example, the new federal law limits benefits for undocumented immigrant children to emergency care, immunizations, and treatments for certain contagious diseases, and it requires states to pass their own laws to explicitly grant immigrant children access to state-funded child health programs.⁶⁷ This policy diverges from prior practices, which extended state and local health services to these populations without needing additional legislation from state governments. Although some policies, such as free school lunches, continue to cover undocumented children even after PRWORA, researchers theorize that much of the health disparity between immigrant children and native-born children is due to legal barriers to accessing health programs.⁶⁸

STATE LAWS ON IMMIGRANT USE OF PUBLIC BENEFITS

PRWORA and IIRIRA delegate significant power to state governments to determine which federal and state benefits they will or will not extend to non-citizens.^{69,70} While some governments simply codified the restrictions in these two laws, some state governments granted expanded eligibility for immigrants in their states. For example, IIRIRA bars states from extending any benefits to unauthorized immigrants that U.S. citizens could be barred from due to their state residency status. However, multiple states passed laws allowing colleges to grant in-state tuition to unauthorized immigrants by using proxies for residency, such as graduation from an in-state high school.⁷¹

A 2008 study found that “means” and “will” affect whether states limit or extend these benefits. In the case of means, which are the fiscal and budgetary constraints that circumscribe expenditure of public benefits, the study found that states with higher means are more likely to extend

benefits to immigrants. A state's social and political configuration that makes extension more likely, its so-called "will", also impacts the extension of benefits: States with more politically liberal populations, a larger Hispanic population, and a higher foreign-born population growth rate have looser requirements for AFDC and TANF assistance for immigrants.⁷²

HOW HAVE ENFORCEMENT AND SOCIAL FACTORS IMPACTED IMMIGRANT USE OF PUBLIC BENEFITS?

Research finds that concerns about immigration enforcement actions can limit immigrant use of public benefits. A 2013 study that examined data from pediatric emergency rooms in Georgia showed that the passage of a stricter immigration enforcement law made Hispanic patients less likely to have public health insurance and more likely to be in a severe medical state.⁷³ Another study found that increased concerns about immigration enforcement among Hispanic citizens after the Obama administration strengthened information-sharing between local police and immigration authorities led to a drop in SNAP registrations for this group.⁷⁴ Other studies show that health benefits that require immigrants to disclose their personal information may generate similar distrust and decrease their use of these services.^{75,76} Researchers theorize that citizens reduce their use of services under these policies because their usage may expose undocumented immigrants in their personal networks.⁷⁷



The potential loss of immigration benefits can also lead immigrants to decrease their reliance on public services.

The potential loss of immigration benefits can also lead immigrants to decrease their reliance on public services. A 2013 study found that some immigrants reduced their use of Medicaid to protect their ability to sponsor family members for immigration, which requires individuals to show an ability to financially support themselves and their family members.⁷⁸ While immigration law establishes clear guidelines on the levels of financial stability needed to sponsor family members, these findings suggest that the fear of losing immigration benefits due to reliance on public benefits impacts the utilization rate of these services^{79,80} (see "Changes to the Public Charge Rule" on page 5).

Finally, an individual's unfamiliarity with the public benefits system can decrease utilization rates. A 2013 study that included interviews with case workers and community leaders with immigrant populations found that—independent of other economic or demographic factor—confusion about new laws and perceptions of tightened eligibility significantly reduced benefits usage.⁸¹ The same study also found that complex paperwork reinforces these barriers, especially if individuals do not have the time or expertise to complete and file these documents. Other studies find that cultural and language barriers can also discourage individuals from using benefits, primarily due to the transaction costs of acquiring the benefits due to these difficulties.⁸²



Conclusion

Research on immigrant use of public benefits paints a nuanced picture. Some research shows that immigrant-headed households use benefits more than other household configurations and have a negative fiscal impact on these services, especially when accounting for benefits their children use. However, other studies show that individual immigrants use these benefits at lower rates than other groups and strengthen the budgets of federal programs like Social Security because many immigrant workers cannot access the services they fund with their payroll and income taxes. The methodological approaches that researchers use, including which programs they include in their analyses, can shape the outcome of their studies, suggesting that evaluating claims about immigrant use of public benefits should account for the sources of these studies.

BPC's review of the research in this area points to future additional research directions. Some researchers⁸³ theorize that extending Medicaid and state health benefits to undocumented immigrants would allow state and local governments to save on costs for providing this population with emergency medical care, which is a major fiscal burden on hospitals.⁸⁴ While a meta-analysis of 188 peer-reviewed studies published on the topic after the year 2000 concludes that including immigrants in health care markets would make strong financial sense,⁸⁵ few empirical studies have measured these claims. There is also a research gap on whether competition for benefits between immigrants and native-born Americans could limit the ability of eligible populations to access these services. Researchers should examine these areas to improve assessments of the impact of immigration on public benefits and whether the extension of these services strengthens the fiscal base of these programs.

Despite the divisions and research gaps in this research, BPC did come to some important conclusions. First, the costs of educating and servicing the children of immigrants or immigrant children does expand the fiscal footprint that immigrant-headed households have on local services, especially with education. However, the productivity of immigrants and their children over the course of their careers does strengthen the financial base of many of these programs through increased productivity, more taxes paid into federal public benefits programs, and lower levels of individual public benefits use. Second, an individual's familiarity with the public benefits system and fears about immigration enforcement may play a larger role in deterring them from using these benefits than federal legislation like PRWORA or state-based laws, which suggests that an individual's circumstances dictate their use of public benefits in the long term.

These conclusions have important implications for the policy debate around immigrant use of public benefits. First, federal, state, and local lawmakers need to work with county and city officials to ensure that local agencies have the funding to provide services for their constituents, including immigrant and non-immigrant children and their parents. Second, lawmakers should provide all individuals who are eligible for public benefits with the resources to navigate this system, especially for public health programs that improve overall community health outcomes. Finally, lawmakers should ensure that the immigration system allows employers to contract foreign-born workers who can meet their needs and strengthen public benefits programs through increased taxes. While immigrant use of public benefits will continue to generate controversy, commonsense approaches to these issues ensure that these services can strengthen the well-being of communities across the United States while remaining fiscally responsible to the taxpayers.

Appendix: Glossary of Public Benefits

Program	Description	Availability to Immigrants ^{86,87}
Aid to Families with Dependent Children (AFDC)	Income subsidy for families where father was not present—replaced by TANF in 1996	Available to legal permanent residents
Children’s Health Insurance Program (CHIP)	Low-cost health insurance program for children in families just over the level of income to receive Medicaid coverage	Emergency, pre- and post-natal care for any immigrant, and full coverage after five years for legal permanent residents
General Assistance (GA)	Blanket term for cash assistance programs for low-income individuals, administered by states	Heavily dependent on state of residence
Housing Choice Voucher Program, or “Section 8”	Financial assistance for rent payments for low-income households	Available to legal permanent residents
Low-Income Home Energy Assistance Program (LIHEAP)	Financial assistance program to reduce energy costs for low-income households	Available to legal permanent residents after five years
Medicare	Health insurance program for elderly individuals who paid into the program via payroll taxes during their careers	Available to legal permanent residents
Medicaid	Free health insurance program for individuals below an income threshold	Emergency services available to any immigrant, and full services for legal permanent residents after five years
Refundable Tax Credits, including the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC)	A system of tax credits that allows individuals to lower their taxes and potentially receive a refund from the IRS by claiming deductions in their income tax forms	Available to legal permanent residents and certain employment-based visa holders (undocumented immigrants may be able to use Child Tax Credit)
Supplemental Nutrition Assistance Program (SNAP), or “food stamps”	Financial assistance program for low-income individuals to purchase food	Provided for legal permanent residents under the age of 18, or who have waited five years
Social Security	Financial assistance and insurance program for elderly workers	Available to legal permanent residents after five years and 40 quarters of work credit
Supplemental Security Income (SSI)	Cash assistance program for low-income individuals who are also elderly or disabled	Available to certain “qualified” permanent and non-permanent immigrants with limited income and resources who aged 65 or older, blind, or disabled
Temporary Assistance for Needy Families (TANF)	Cash assistance program for low-income families with conditions in place meant to motivate job-seeking	Some states provide for immigrants on temporary work visas as well as legal permanent residents
Women, Infants, and Children (WIC) assistance	Program to provide food and health care assistance to pregnant and postpartum women and young children ⁸⁸	Available to all immigrants, including undocumented immigrants ⁸⁹



Endnotes

- 1 Jacqueline Hagan, et al, “The Effects of Recent Welfare and Immigration Reforms on Immigrants’ Access to Health Care,” *International Migration Review*, 37(2), 2003.
- 2 Mel Cousins, “Equal Protection: Immigrants’ Access to Healthcare and Welfare Benefits,” *Hastings Poverty & Law Journal*, 21, 2015.
- 3 Darrell West, “The Costs and Benefits of Immigration,” *Political Science Quarterly*, 126(3), 2011.
- 4 Bill Ong Hing, “How Much Do Immigrants Cost? The Methodology Wars,” in: *To Be an American: Cultural Pluralism and the Rhetoric of Assimilation* (New York: NYU Press, 1997), 76-106.
- 5 Tanya Broder, Avideh Moussavian, and Jonathan Blazer, “Overview of Immigrant Eligibility for Federal Programs,” National Immigration Law Center, December 2015. Available at: <https://www.nilc.org/wp-content/uploads/2015/12/overview-immeligfedprograms-2015-12-09.pdf>.
- 6 Ibid.
- 7 Lila Flavin, et al, “Medical Expenditures on and by Immigrant Populations in the United States: A Systematic Review,” *International Journal of Health Services*, 0(0), 2018, 1-21.
- 8 Office of the Assistant Secretary for Planning and Evaluation, “Overview of Immigrants Eligibility for SNAP, TANF, Medicaid, and CHIP,” Department of Health and Human Services, March 2012. Available at: <https://aspe.hhs.gov/basic-report/overview-immigrants-eligibility-snap-tanf-medicaid-and-chip>.
- 9 Ibid.
- 10 U.S. Citizenship and Immigration Services, “Public Charge,” Department of Homeland Security, June 26, 2017. Available at: <https://www.uscis.gov/greencard/public-charge>.
- 11 Department of Homeland Security, “Inadmissibility on Public Charge Grounds,” September 21, 2018. Available at: https://www.dhs.gov/sites/default/files/publications/18_0921_USCIS_Proposed-Rule-Public-Charge.pdf.
- 12 National Immigration Law Center, “The Trump Administration’s ‘Public Charge’ Attack on Immigrant Families,” April 12, 2018. Available at: <https://www.nilc.org/wp-content/uploads/2018/01/Public-Charge-Fact-Sheet-2018.pdf>.
- 13 Dara Lind, “Trump Is Proposing a Regulation that Could Change the Face of Legal Immigration—By Restricting Low-Income Immigrants,” *Vox*, September 24, 2018. Available at: <https://www.vox.com/2018/9/24/17892350/public-charge-immigration-food-stamps-medicaid-trump>.
- 14 Sharon Parrott, Shelby Gonzales, and Liz Schott, “Trump ‘Public Charge’ Rule Would Prove Particularly Harsh for Pregnant Women and Children,” Center on Budget and Policy Priorities, May 1, 2018. Available at: <https://www.cbpp.org/research/poverty-and-inequality/trump-public-charge-rule-would-prove-particularly-harsh-for-pregnant>.
- 15 Dara Lind, “Trump Is Proposing a Regulation that Could Change the Face of Legal Immigration—By Restricting Low-Income Immigrants,” *Vox*, September 24, 2018. Available at: <https://www.vox.com/2018/9/24/17892350/public-charge-immigration-food-stamps-medicaid-trump>.
- 16 Stuart Anderson, “How Will the Public Charge Rule Impact Employers and Immigrants,” *Forbes*, October 1, 2018. Available at: <https://www.forbes.com/sites/stuartanderson/2018/10/01/how-will-the-public-charge-rule-harm-employers-and-immigrants/#33f9593a4995>.
- 17 Michael Fix and Wendy Zimmerman, “When Should Immigrants Receive Public Benefits?” *Migration World Magazine*, 23(5), 1995.
- 18 Bill Ong Hing, “How Much Do Immigrants Cost? The Methodology Wars,” in: *To Be an American: Cultural Pluralism and the Rhetoric of Assimilation* (New York: NYU Press, 1997), 76-106.
- 19 Leighton Ku and Brian Bruen, “Poor Immigrants Use Public Benefits at a Lower Rate than Poor Native-Born Citizens,” *Cato Institute Economic Development Bulletin*, 17, 2013. Available at: <https://www.cato.org/publications/economic-development-bulletin/poor-immigrants-use-public-benefits-lower-rate-poor>.
- 20 Alex Nowrasteh and Robert Orr, “Immigration and the Welfare State,” *Cato Institute Research and Policy Brief*, 10, 2018. Available at: <https://www.cato.org/publications/immigration-research-policy-brief/immigration-welfare-state-immigrant-native-use-rates>.
- 21 Ibid.
- 22 Ibid.
- 23 Ruth Oyelere and Maharouf Oyolola, “Do Immigrant Groups Differ in Welfare Usage? Evidence from the U.S.,” *Atlantic Economic Journal*, 39, 2011.
- 24 Madeline Zavodny, “Determinants of Recent Immigrants’ Locational Choices,” *International Migration Review*, 33(4), 1999.

- 25 Samuel Hammond, "Denmark's Ghettos and the Dangers of Public Housing," Niskanen Center, 2018. Available at: <https://niskanencenter.org/blog/denmark-ghettos-public-housing/>.
- 26 Catalina Amuedo-Dorantes and Chad Sparber, "In-State Tuition for Undocumented Immigrants and Its Impact on College Enrollment, Tuition Costs, Student Financial Aid, and Indebtedness," *Regional Science and Urban Economics*, 49, 2014.
- 27 Zachary Gochenour and Alexander Nowrasteh, "The Political Externalities of Immigration: Evidence from the United States," *Cato Institute Working Paper*, 14, 2014. Available at: <https://object.cato.org/sites/cato.org/files/pubs/pdf/working-paper-14-3.pdf>.
- 28 Bipartisan Policy Center, "The New Middle on Immigration," Immigration Project, July 2018. Available at: <https://bipartisanpolicy.org/wp-content/uploads/2018/07/The-New-Middle-on-Immigration.pdf>.
- 29 Steven Camarota, "Welfare Use by Legal and Illegal Immigrant Households," Center for Immigration Studies, 2015. Available at: https://cis.org/sites/cis.org/files/camarota-welfare-illegals_1.pdf.
- 30 Leighton Ku and Brian Bruen, "Poor Immigrants Use Public Benefits at a Lower Rate than Poor Native-Born Citizens," *Cato Institute Economic Development Bulletin*, 17, 2013.
- 31 Leighton Ku and Brian Bruen, "Poor Immigrants Use Public Benefits at a Lower Rate than Poor Native-Born Citizens," *Cato Institute Economic Development Bulletin*, 17, 2013.
- 32 Alex Nowrasteh and Robert Orr, "Immigration and the Welfare State," *Cato Institute Research and Policy Brief*, 10, 2018.
- 33 Jason Richwine, "The Cost of Welfare Use by Immigrant and Native Households," Center for Immigration Studies, 2016. Available at: https://cis.org/sites/cis.org/files/richwine-welfare-cost_0.pdf.
- 34 Steven Camarota, "Welfare Use by Legal and Illegal Immigrant Households," Center for Immigration Studies, 2015. Available at: https://cis.org/sites/cis.org/files/camarota-welfare-illegals_1.pdf.
- 35 Francine Blau, et al, "The Economic and Fiscal Consequences of Immigration," National Academies Press, 2016.
- 36 Leighton Ku and Brian Bruen, "Poor Immigrants Use Public Benefits at a Lower Rate than Poor Native-Born Citizens," *Cato Institute Economic Development Bulletin*, 17, 2013.
- 37 Francine Blau, et al, "The Economic and Fiscal Consequences of Immigration," National Academies Press, 2016. This study is the second version of the organization's examination of the fiscal and economic impacts of immigration in the United States. It is considered to be the definitive study on this issue due to its scope and balance of experts who contributed to the study.
- 38 Bill Ong Hing, "How Much Do Immigrants Cost? The Methodology Wars," in: *To Be an American: Cultural Pluralism and the Rhetoric of Assimilation* (New York: NYU Press, 1997), 76-106.
- 39 Darrell West, "The Costs and Benefits of Immigration," *Political Science Quarterly*, 126(3), 2011.
- 40 Ruth Oyelere and Maharouf Oyolola, "Do Immigrant Groups Differ in Welfare Usage? Evidence from the U.S.," *Atlantic Economic Journal*, 39, 2011.
- 41 Ibid.
- 42 Steven Camarota, "Immigration from Mexico: Assessing the Impact on the United States," Center for Immigration Studies, July 2001. Available at: <https://cis.org/sites/cis.org/files/articles/2001/mexico/mexico.pdf>.
- 43 Michael Fix and Wendy Zimmerman, "When Should Immigrants Receive Public Benefits?" *Migration World Magazine*, 23(5), 1995.
- 44 Bill Ong Hing, "How Much Do Immigrants Cost? The Methodology Wars," in: *To Be an American: Cultural Pluralism and the Rhetoric of Assimilation* (New York: NYU Press, 1997), 76-106.
- 45 Ibid.
- 46 Madeline Zavodny, "Determinants of Recent Immigrants' Locational Choices," *International Migration Review*, 33(4), 1999.
- 47 Bill Ong Hing, "How Much Do Immigrants Cost? The Methodology Wars," in: *To Be an American: Cultural Pluralism and the Rhetoric of Assimilation* (New York: NYU Press, 1997), 76-106.
- 48 Jason Richwine, "The Cost of Welfare Use by Immigrant and Native Households," Center for Immigration Studies, 2016. Available at: https://cis.org/sites/cis.org/files/richwine-welfare-cost_0.pdf.



- 49 Patrick Glen, "Health Care and the Illegal Immigrant," *Health Matrix*, 23(1), 2013.
- 50 Steven Camarota, "Immigration from Mexico: Assessing the Impact on the United States," Center for Immigration Studies, July 2001. Available at: <https://cis.org/sites/cis.org/files/articles/2001/mexico/mexico.pdf>.
- 51 Bill Ong Hing, "How Much Do Immigrants Cost? The Methodology Wars," in: *To Be an American: Cultural Pluralism and the Rhetoric of Assimilation* (New York: NYU Press, 1997), 76-106.
- 52 Francine Blau, et al, "The Economic and Fiscal Consequences of Immigration," National Academies Press, 2016.
- 53 Jason Richwine, "The Cost of Welfare Use by Immigrant and Native Households," Center for Immigration Studies, 2016. Available at: https://cis.org/sites/cis.org/files/richwine-welfare-cost_0.pdf.
- 54 Bill Ong Hing, "How Much Do Immigrants Cost? The Methodology Wars," in: *To Be an American: Cultural Pluralism and the Rhetoric of Assimilation* (New York: NYU Press, 1997), 76-106.
- 55 Francine Blau, et al, "The Economic and Fiscal Consequences of Immigration," National Academies Press, 2016.
- 56 Ibid.
- 57 Ibid.
- 58 Steven Camarota, "Immigration from Mexico: Assessing the Impact on the United States," Center for Immigration Studies, July 2001. Available at: <https://cis.org/sites/cis.org/files/articles/2001/mexico/mexico.pdf>.
- 59 George Borjas, "Welfare Reform and Immigrant Participation in Welfare Programs," *International Migration Review*, 36(4), 2002.
- 60 Michael Fix and Wendy Zimmerman, "When Should Immigrants Receive Public Benefits?" *Migration World Magazine*, 23(5), 1995.
- 61 Kelly Stamper Ballistreri and Jennifer Van Hook, "The More Things Change the More They Stay the Same: Mexican Naturalization Before and After Welfare Reform," *International Migration Review*, 38(1), 2004.
- 62 George Borjas, "Welfare Reform and Immigrant Participation in Welfare Programs," *International Migration Review*, 36(4), 2002.
- 63 Yunju Nam and Wooksoo Kim, "Welfare Reform and Elderly Immigrants' Naturalization: Access to Public Benefits as an Incentive for Naturalization in the United States," *International Migration Review*, 46(3), 2012.
- 64 Kelly Stamper Ballistreri and Jennifer Van Hook, "The More Things Change the More They Stay the Same: Mexican Naturalization Before and After Welfare Reform," *International Migration Review*, 38(1), 2004.
- 65 Ibid.
- 66 Ibid.
- 67 David Deterding, "A Deference-Based Dilemma: The Implications of *Lewis v. Thompson* for Access to Non-Emergency Health Benefits for Undocumented Alien Children," *St. Louis Law Journal*, 52, 2008.
- 68 Fernando Mendoza, "Health Disparities and Children in Immigrant Families: A Research Agenda," *Pediatrics*, 143(3), 2009.
- 69 Kelly Stamper Ballistreri and Jennifer Van Hook, "The More Things Change the More They Stay the Same: Mexican Naturalization Before and After Welfare Reform," *International Migration Review*, 38(1), 2004.
- 70 Deborah Graefe, et al, "Immigrants' TANF Eligibility, 1996-2003: What Explains the New Across-State Inequalities?" *International Migration Review*, 42(1), 2008.
- 71 Kyle Colvin, "In-State Tuition and Illegal Immigrants: An Analysis of *Martinez v. Regents of the University of California*," *BYU Education and Law Journal*, 2010.
- 72 Deborah Graefe, et al, "Immigrants' TANF Eligibility, 1996-2003: What Explains the New Across-State Inequalities?" *International Migration Review*, 42(1), 2008.
- 73 Jacob Beniflah, et al, "Effects of Immigration Enforcement Legislation on Hispanic Pediatric Patient Visits to the Pediatric Emergency Department," *Clinical Pediatrics*, 52(12), 2013.
- 74 Marcella Alsan and Crystal Yang, "Fear and the Safety Net: Evidence from Secure Communities," National Bureau of Economic Research, 2018. Available at: <http://www.nber.org/papers/w24731>.
- 75 Patrick Glen, "Health Care and the Illegal Immigrant," *Health Matrix*, 23(1), 2013.

- 76 Susan Okie, "Immigrants and Health Care—At the Intersection of Two Broken Systems," *New England Journal of Medicine*, 357(6), 2007.
- 77 Marcella Alsan and Crystal Yang, "Fear and the Safety Net: Evidence from Secure Communities," National Bureau of Economic Research, 2018. Available at: <http://www.nber.org/papers/w24731>.
- 78 Jacqueline Hagan, et al, "The Effects of Recent Welfare and Immigration Reforms on Immigrants' Access to Health Care," *International Migration Review*, 37(2), 2003.
- 79 Jacob Beniflah, et al, "Effects of Immigration Enforcement Legislation on Hispanic Pediatric Patient Visits to the Pediatric Emergency Department," *Clinical Pediatrics*, 52(12), 2013.
- 80 Jacqueline Hagan, et al, "The Effects of Recent Welfare and Immigration Reforms on Immigrants' Access to Health Care," *International Migration Review*, 37(2), 2003.
- 81 Ibid.
- 82 Susan Okie, "Immigrants and Health Care—At the Intersection of Two Broken Systems," *New England Journal of Medicine*, 357(6), 2007.
- 83 Patrick Glen, "Health Care and the Illegal Immigrant," *Health Matrix*, 23(1), 2013.
- 84 Ibid.
- 85 Lila Flavin, et al, "Medical Expenditures on and by Immigrant Populations in the United States: A Systematic Review," *International Journal of Health Services*, 0(0), 2018, 1-21.
- 86 Kenneth Megan and Theresa Cardinal Brown, "America's Demographic Challenge: Understanding the Role of Immigration," Bipartisan Policy Center, 2017. Available at: <https://bipartisanpolicy.org/wp-content/uploads/2017/08/BPC-Immigration-Americas-Demographic-Challenge.pdf>.
- 87 National Immigration Law Center, "Low-Income Home Energy (LIHEAP) and Weatherization Assistance Programs (WAP)," 2006. Available at: https://www.nilc.org/wp-content/uploads/2016/03/liheapwap_pp150-51_053006.pdf.
- 88 Benefits.gov, "District of Columbia Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)," Food and Nutrition. Available at: <https://www.benefits.gov/benefits/benefit-details/2047>.
- 89 Molly Redden, "Undocumented immigrants avoid vital nutrition services for fear of deportation," *The Guardian*, May 9, 2017. Available at: <https://www.theguardian.com/us-news/2017/may/09/undocumented-immigrants-wic-nutrition-services-deportation>.



Notes



Notes








BIPARTISAN POLICY CENTER

The Bipartisan Policy Center is a non-profit organization that combines the best ideas from both parties to promote health, security, and opportunity for all Americans. BPC drives principled and politically viable policy solutions through the power of rigorous analysis, painstaking negotiation, and aggressive advocacy.

bipartisanpolicy.org | 202-204-2400
1225 Eye Street NW, Suite 1000
Washington, D.C. 20005

 [@BPC_Bipartisan](https://twitter.com/BPC_Bipartisan)
 facebook.com/BipartisanPolicyCenter
 instagram.com/BPC_Bipartisan

BPC POLICY AREAS

Economy

Education

Energy

Evidence

Finance

Governance

Health

Housing

Immigration

Infrastructure

National Security



BIPARTISAN POLICY CENTER

1225 Eye Street NW, Suite 1000
Washington, D.C. 20005
202-204-2400 | bipartisanpolicy.org