WORKING PAPER

The Use of Public Assistance Benefits by Citizens and Non-citizen Immigrants in the United States

Leighton Ku and Brian Bruen

February 19, 2013

Cato Institute, 1000 Massachusetts Avenue N.W., Washington, D.C. 20001
The Cato Working Papers are intended to circulate research in progress for comment and discussion. Available at www.cato.org/workingpapers.

ABSTRACT

Claims are sometimes made that immigrants use public benefits, such as Medicaid, the Supplemental Nutrition Assistance Program, or the Temporary Assistance for Needy Families programs, more often than those who are born in the United States. This report provides analyses, using the most recent data from the Census Bureau, that counter these claims. In reality, low-income non-citizen immigrants, including adults and children, are generally less likely to receive public benefits than those who are native-born. Moreover, when non-citizen immigrants receive benefits, the value of benefits they receive is usually lower than the value of benefits received by those born in the United States. The combination of lower average utilization and smaller average benefits indicates that the overall cost of public benefits is substantially less for low-income non-citizen immigrants than for comparable native-born adults and children. The report also explains that the lower use of public benefits by non-citizen immigrants is not surprising, since federal rules restrict immigrants' eligibility for these public benefit programs.

Leighton Ku, PhD, MPH, is a Professor of Health Policy and Director of the Center for Health Policy Research at George Washington University. Brian Bruen, MS, is a Lead Research Scientist and Lecturer in the Department of Health Policy at George Washington University. Both have conducted research and policy analyses about the use of medical and other public benefits for needy Americans, including immigrants, for many years. Research articles by Ku and/or Bruen have been published in noted journals such as Health Affairs, New England Journal of Medicine, *and* American Journal of Public Health.

INTRODUCTION

Previous research has shown that low-income immigrants use public benefits like Medicaid or the Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program) less than native citizens.[1] This result was not unexpected; many immigrants are ineligible for these public benefit programs because of their immigration status. Nonetheless, some claim that immigrants use more public benefits than the native-born, which creates a serious and unfair burden for citizens.[2] The purpose of this brief is to provide an updated and more balanced perspective on the use of public assistance programs, such as Medicaid, SNAP, the Temporary Assistance for Needy Families (TANF) program, or the Supplemental Security Income (SSI) program by immigrants and native-born citizens, based on the most recent data from the U.S. Census Bureau.

As described in this report, analyses of the Census Bureau's March 2012 Current Population Survey indicate that the utilization of Medicaid, SNAP, cash assistance (TANF and similar welfare programs), and SSI by low-income non-citizen children and adults is generally lower than the use of these benefits by comparable native-born citizen children and adults (low-income is defined as having a family income below 200% of poverty). Moreover, the average value of the public benefits received per person is generally lower for non-citizens than for the native-born. Combining the lower benefit utilization rates of low-income non-citizen immigrants and the lower average benefit value, the effect is that the governmental cost of providing public benefits to non-citizens is substantially less than the cost of providing equivalent benefits to native-born adults and their children.

BACKGROUND ON IMMIGRANTS IN THE UNITED STATES

The immigrant community in the United States is highly diverse because of the multiplicity of nations from which immigrants originate, differences in their personal backgrounds, and reasons for leaving their homelands.

Data from the Census Bureau's 2010 American Community Survey indicate that about 40 million immigrants reside in the United States, comprising 12.9% of the total population.[3] Of those classified as foreign-born immigrants, 43.8% were naturalized citizens and 56.3% were non-citizen immigrants, which includes both lawful and undocumented immigrants. (The Census Bureau questionnaires do not ask about the legal status of non-citizen immigrants.) Immigrants from Mexico, Central America, and South America constituted about 44% of immigrants, while another 28% were from East and Southeast Asia, 12% came from Europe, and 9% from the Caribbean. The longer immigrants reside in the United States, the more likely that they become naturalized citizens.[4]

Immigrants were more likely to participate in the labor force and to be in married families than the native born.[5] Some immigrants are well-educated, while others are poorly educated: immigrants are about as likely to have a college degree as native-born adults and are more likely to have a doctorate, but they are also more likely to lack a high school degree.[6] Immigrants are more likely to have incomes below the poverty line than the native-born.[7] While most immigrants speak English, about 30% report they do not speak English well or at all. Longitudinal studies have shown that when they first arrive, immigrants' earnings are lower than native citizens', but they invest more in education and training than natives and over time their earnings converge with those of native citizens.[8] That is, while immigrants begin with lower earnings, their incomes improve as they remain in the United States for longer periods. As

immigrants remain longer in the United States, their English proficiency and other job skills improve, which heightens their earning potential.

IMMIGRANT ELIGIBILITY FOR PUBLIC ASSISTANCE BENEFITS

Immigrants' eligibility for public benefits is complicated because of distinctions drawn in eligibility established under federal (and state) laws. Eligibility is based on specific aspects of their immigration status (and in many cases, state policies).[9] Some key elements of the rules are:

- **Citizenship.** Naturalized citizens and U.S.-born children in non-citizen families are U.S. citizens.[10] They are fully eligible for public benefits like Medicaid, the Children's Health Insurance Program (CHIP), SNAP, TANF, and SSI, provided that they meet other program eligibility criteria (such as income, age, household composition, etc.). Congress intended that all citizens have equivalent access to public benefits.
- **Refugees and Asylees.** Immigrants granted refugee or asylee status by the federal government due to fear of persecution in their homelands are generally eligible for public benefits if they meet other qualifications (e.g. income, household composition). Similar exemptions apply to various groups like Cuban/Haitian entrants, Amerasians, and victims of trafficking.
- **Lawful Permanent Residents.** Lawful permanent residents (LPRs) were admitted to the United States for permanent residency and are eligible to eventually become naturalized citizens. They are sometimes known as "green card immigrants." They may enter because of employment- or family-related reasons or other reasons (e.g., diversity immigrants). Some LPRs, particularly those who have been in the United States for more than five years, are eligible for federal benefits, provided that they meet other criteria

(such as income, household composition and age). Recently-arrived LPRs must wait at least five years before they are eligible for benefits, regardless of their level of need. Some exceptions have been made for children. For example, since 2003, LPR children have been eligible for SNAP benefits and, since 2009, states have had the option to restore Medicaid benefits for children and pregnant women.

Although federal laws preclude federal eligibility for recent immigrants, states have the option to provide state-funded benefits for LPRs (or other immigrants), such as those in the United States for fewer than five years.[11] These state funded benefits are often provided in a manner similar to federally-funded benefits, so immigrants might not be aware that their Medicaid- or SNAP-like benefits are not federally-funded.

- **Temporary/Provisional Immigrants.** Temporary immigrants have been admitted for a temporary period (e.g., work or student visa holders) or have provisional status to be in the United States legally. These immigrants are generally ineligible for public benefits. A recent example of this class is the youth who are categorized as "Deferred Action for Childhood Arrivals" who received temporary permission to remain in the United States despite being undocumented, if they entered before the age 16 but have graduated or are attending school or served in the military and remained crime-free.
- **Undocumented Immigrants.** (sometimes called "illegal aliens"). These are immigrants who lack permission to be in the United States legally. Some have arrived to the United States without legal authorization, but many arrived legally and stayed past the expiration of their visas. Undocumented immigrants are generally ineligible for the public assistance programs mentioned above.[12]

While immigrant-related eligibility restrictions apply to the main federal means-tested programs like those describe above, some benefit programs, such as the National School Lunch Program, the Women, Infants and Children Nutrition Program (WIC), and Head Start, do not include immigration status as an eligibility factor, so those restrictions do not apply.

The unit of assistance and eligibility varies across programs. For some programs, like Medicaid, CHIP, or SSI, benefits (health insurance or SSI check) are provided to individuals and eligibility is individually determined. Thus, many children in immigrant families, especially U.S.-born children, receive health insurance through Medicaid or CHIP, but their non-citizen parents are not covered. The SNAP and TANF programs usually provide household or family level benefits (SNAP/Food Stamp allotment or TANF check, now provided as electronic benefits) and eligibility is generally assessed on a household or family basis, adjusting for the number of people in the unit, as well as income levels. However, there are distinct differences for immigrant families. If some members of the family are ineligible non-citizen immigrants, as described above, the household SNAP allotment or TANF check is reduced because some of the immigrant family members are ineligible. Thus, for example, if a very poor three-person family is composed of two legal permanent resident parents who have been in the United States for two years and a U.S.-born child, the benefit level is computed only using the child, not the ineligible parents.

THE USE OF PUBLIC BENEFITS BY NON-CITIZEN IMMIGRANTS

Data and Methodology. The analyses in this report are based on analyses of the Census Bureau's March 2012 Current Population Survey (CPS), a nationally-representative survey of the non-institutionalized population of the United States. The March supplement is the standard

source of data on poverty, health insurance coverage, and income in the United States.[13] Although the Census data were collected in March 2012, they reflect income and benefit use in the prior year, 2011. People are counted as receiving public benefits if they received a benefit at any time in 2011. The survey asks whether people are born in the United States and, if they are foreign-born, whether they are naturalized citizens or are not. The CPS does not provide more detailed information about the immigration status, such as whether a non-citizen immigrant is a lawful permanent resident, refugee/asylee, temporary immigrant, or is undocumented.

Our analyses particularly focus on public benefit use by low-income immigrants and natives, since the public benefit programs are means-tested and targeted to low-income populations more likely to need assistance. Low-income is defined as having family income below 200% of the poverty level (about $44,700 for a family of four in 2011). Since immigrants are often excluded from benefits even if other family members are not, our primary focus is on individuals' citizenship status. Thus, we separate naturalized citizens and non-citizens, since all naturalized citizens are eligible for benefits just like citizens.

In our analyses, adults (19 years or older) are divided in three groups:

- ***Native-born citizens.*** This includes those born in the United States, born abroad of U.S. citizen parents and those born in U.S. territories, such as Puerto Rico. Most low-income adults are native-born (84%).
- ***Naturalized citizens.*** These are foreign-born immigrants who have become naturalized citizens. About 7% of all low-income adults are naturalized citizens.
- ***Non-citizen immigrants.*** This includes various categories of non-citizen immigrants, including lawful permanent residents, refugees/asylees, temporary/provisional

immigrants, and the undocumented. Only 9% of all low-income adults are non-citizen immigrants.

Children (under 19 years old) are categorized as:

- ***Citizen children with citizen parents***. Most of these children are US-born children with native-born parents, although some of the parents or children may be naturalized citizens. Most low-income children in the United States fall in this category (84%).
- ***Citizen children with non-citizen parents.*** These are children in families with one or more non-citizen immigrant parent. Almost all of the children are U.S.-born citizens. About one-seventh (13.5%) of low income children are citizen children whose parents are non-citizens.
- ***Non-citizen children.*** These are foreign-born children who have not become citizens. Most have non-citizen immigrant parents. This group constitutes just 2.7% of low-income children. Only a small fraction of the children in immigrant families are foreign-born non-citizens themselves.

Four types of benefits are examined in this report:

- ***Medicaid and CHIP.*** These programs provide health insurance coverage for low-income children and adults. Because Medicaid and CHIP are often jointly administered for children, the Census data combine the two programs. Participating children are mostly in Medicaid, but many are enrolled in CHIP. For adults, only Medicaid coverage is relevant. In 2009, legislation gave states the option to restore Medicaid eligibility to LPR

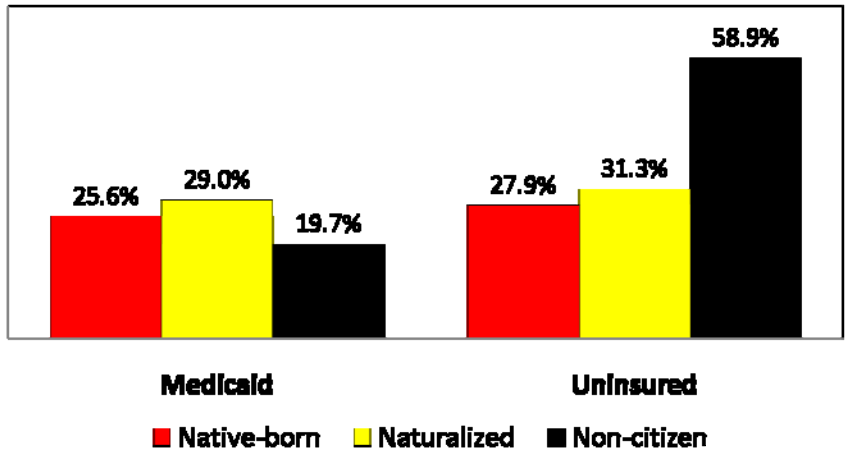
children and pregnant women without a five year waiting period and 24 states have exercised the option for children.

- ***SNAP.*** Formerly the Food Stamp Program, SNAP supplements food purchases by low-income households, with the level of benefits based on income and the number of household members. Today, SNAP benefits are provided using electronic debit cards for food purchases. Many non-citizen immigrants are not eligible for SNAP, so the household allotment is reduced to exclude those immigrants, effectively reducing the benefit. Since 2003, LPR immigrant children are eligible for SNAP benefits without a waiting period.
- ***Cash Assistance.*** This includes TANF and similar cash assistance programs, such as general assistance or refugee assistance; most of the recipients are on TANF. Typically, the assistance is provided as a check (or direct deposit or electronic debit card) with the level based on the income and number of family members. Like SNAP, certain non-citizen immigrants may be excluded when computing the eligibility unit, effectively reducing the benefit level.
- ***SSI.*** This provides cash assistance for low-income elderly (65 or older) and permanently disabled individuals. Many elderly and disabled immigrants meet SSI's income criterion since they do not receive Social Security payments (for old age or disability) unlike most similar native citizens, because the immigrants were not in the United States long enough to meet the Social Security requirement of 10 years of qualified work. While SSI is primarily a program for adults, particularly the elderly, some children participate if they are disabled.

RESULTS

Medicaid/CHIP. Figures 1 and 2 illustrate the percentage of low-income children and adults who receive Medicaid or CHIP benefits by citizenship status in 2011, according to Census data. It also illustrates the percent who are uninsured. As seen in Figure 1, more than one-quarter of native citizens and naturalized citizens with incomes below 200% of poverty receive Medicaid, but only about one in five non-citizens do so.

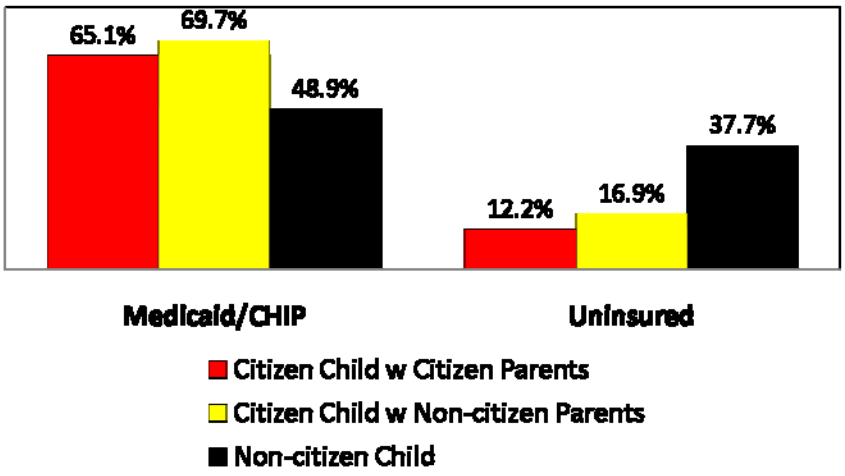
Figure 1. Health Insurance Coverage for Low-income Elderly Adults 19 or Older, 2011 (Below 200% of Poverty Line)



Source: Authors' analysis of March 2012 Current Population Survey data.

Figure 2 shows that about two-thirds of low-income citizen children who have either citizen parents or non-citizen parents receive health insurance through Medicaid or CHIP, while slightly less than half of non-citizen children do so. In general, low-income non-citizen immigrants are the least likely to receive Medicaid or CHIP.

Figure 2. Health Insurance Coverage for Low-income Children 18 or Younger, 2011 (Below 200% of Poverty Line)



Source: Authors' analysis of March 2012 Current Population Survey data.

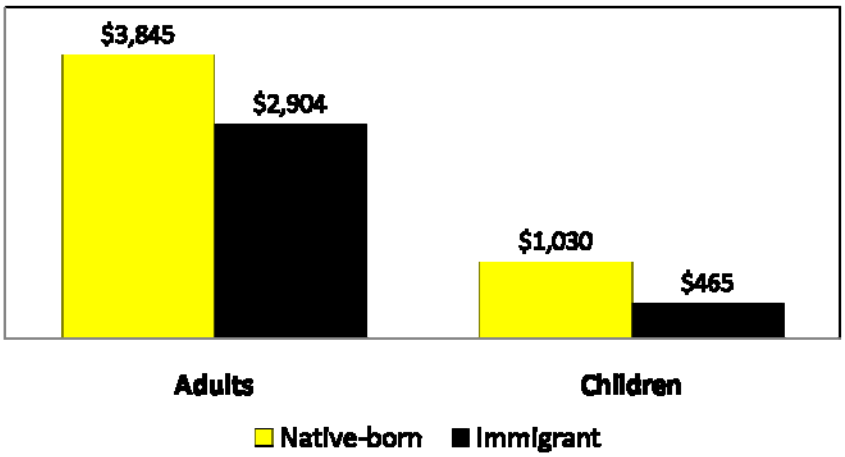
A major reason for these gaps is the eligibility barriers faced by many immigrants. Nonetheless, appreciable numbers of immigrants are able to get public health insurance given that federal policy permits a number of types of immigrants to be eligible and a number of states offer state-funded coverage. Historical analyses suggest, however, that eligibility factors might not be the only reason and that low levels of benefit use by non-citizen immigrants existed even before the 1996 changes made under welfare reform and suggest that there are other underlying characteristics that may reduce immigrants' use of benefits.[14]

Figures 1 and 2 also show that low-income non-citizen immigrant adults and children are particularly likely to be uninsured, compared to native adults and citizen children with citizen adults. This is partially a result of the gap in Medicaid coverage, but also is caused by gaps in private insurance coverage. Low-income non-citizen adults are almost twice as likely to be

uninsured as native-born adults, while non-citizen children are about three times as likely to be uninsured as citizen children whose parents are citizens.

When immigrants receive Medicaid or CHIP, they tend to have lower per beneficiary medical expenditures than native-born people, so the government cost of their benefits is much lower. The data shown in Figure 3 come from the 2010 Medical Expenditure Panel Survey (MEPS), a nationally representative survey conducted by the federal Agency for Healthcare Research and Quality. MEPS does not have information about citizenship, so we compare native-born vs. foreign-born low-income children and adults.

Figure 3. Average Annual Medicaid/CHIP Expenditures Among Enrollees, Low-Income Adults and Children, 2010 (Below 200% of Poverty Line)



Source: Authors' analysis of 2010 Medical Expenditure Panel Survey data.

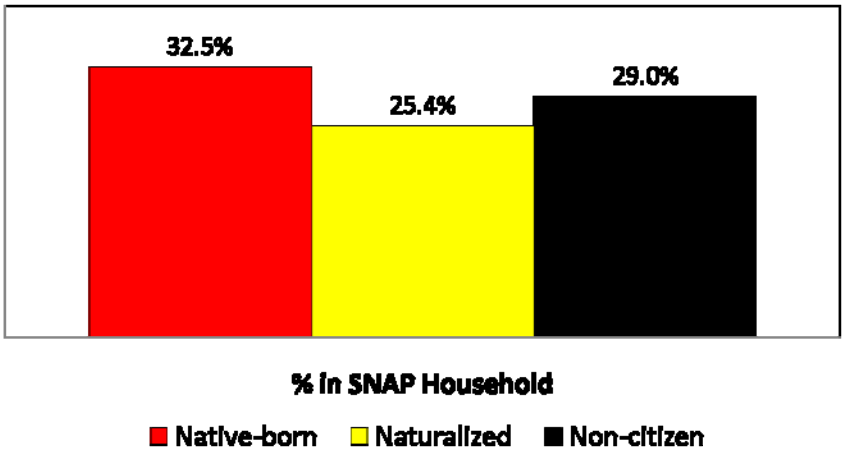
Among the low-income adults and children who received Medicaid or CHIP benefits in 2010, immigrants had substantially lower Medicaid costs (i.e., the cost of health care services paid by Medicaid, including ambulatory care, hospital care, emergency care, prescription drugs, etc.). For low-income adults, immigrants had average annual Medicaid expenditures of $2,904,

compared to $3,845 for native adults. For children, low-income immigrant children had average annual Medicaid expenditures less than half ($465) of native-born children ($1,030). These results are consistent with earlier research showing that immigrants have lower per capita medical expenditures than the native-born, regardless of type of insurance.[15]

Supplemental Nutrition Assistance Program (SNAP). Figures 4 and 5 present data about the utilization of SNAP benefits by low-income adults and children. CPS data do not indicate which particular household members receive SNAP benefits, so all that can be determined is that a household received SNAP and that certain members of the household are immigrants and some are not. We do not know, however, which immigrants were excluded from eligibility, so these data are less definitive than the Medicaid data. For example, if two citizen children are eligible for SNAP but their two immigrant parents are not, Census data only reveal that all four are part of a household receiving SNAP.

Among low-income adults, 33% of native citizens, 25% of naturalized citizens and 29% of non-citizens received SNAP benefits in 2011 (Figure 4). It is likely that the actual percentage of non-citizen immigrants who were counted as eligible is lower, but the gaps in the CPS data prevent us from knowing how large the gap is. Even so, it appears that immigrants, both naturalized and non-citizen immigrants, are less likely to receive SNAP than native adults.

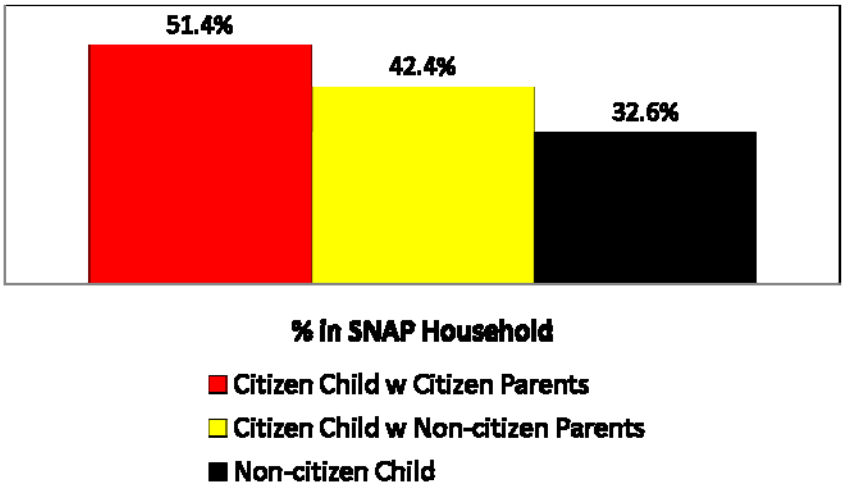
Figure 4. Member of a Household Receiving SNAP Benefits, Low-income Adults, 2011



Source: Authors' analysis of March 2012 Current Population Survey data.

About half of low-income citizen children in citizen households receive SNAP, compared to about one-third of non-citizen children and two-fifths of citizen children in non-citizen-headed families (Figure 5). The actual percent of non-citizen children receiving SNAP is probably lower.

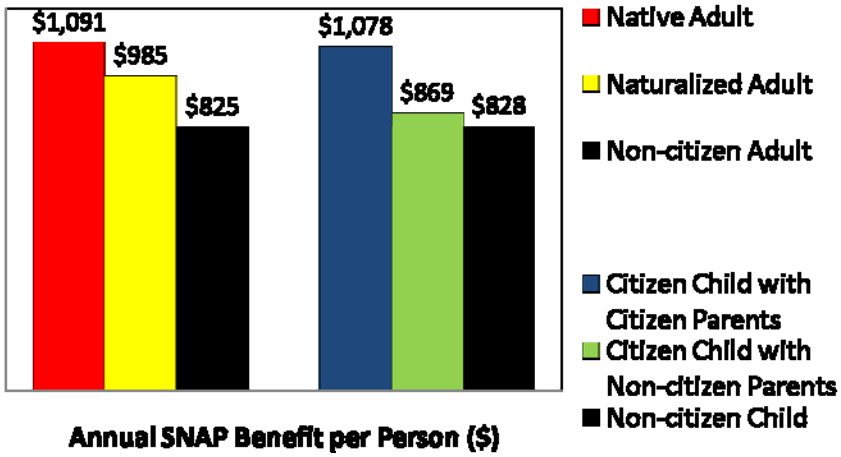
Figure 5. Member of a Household Receiving SNAP Benefits, Low-income Children, 2011



Source: Authors' analysis of March 2012 Current Population Survey data.

Although some immigrant members of households may be ineligible for SNAP, it is true that the food benefits are fungible and are probably shared throughout the family, even with ineligible immigrant members. Nonetheless, we can also show that non-citizens receive lower SNAP benefits by computing the average SNAP benefit received per household member in 2011, among households that received SNAP benefits.[16] As seen in Figure 6, the average annual SNAP benefit per household member is about one-fifth lower for non-citizens, compared to native adults or citizen children with citizen parents.

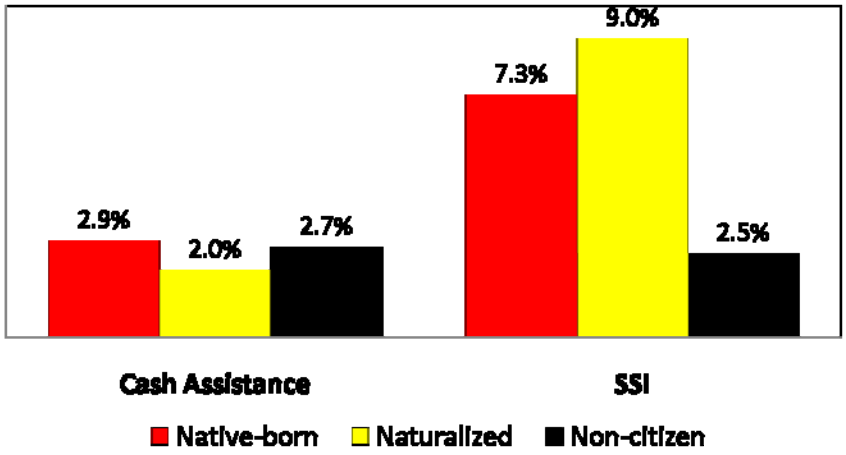
Figure 6. Average Annual SNAP Benefit Value Per Household Member, Low-income Adults and Children, 2011



Source: Authors' analysis of March 2012 Current Population Survey data.

Cash Assistance and Supplemental Security Income (SSI). Figures 7 and 8 show the percentage of low-income adults and children who receive cash assistance (mostly TANF, but also general assistance and refugee aid) and SSI. The CPS data indicate which individual adults report receiving cash assistance and SSI. However, CPS data do not reveal which children received these benefits; we only know if they are members of households that received cash assistance or SSI.[17] Thus, some immigrant children may be in families getting TANF or SSI benefits, but they may not actually be recipients.

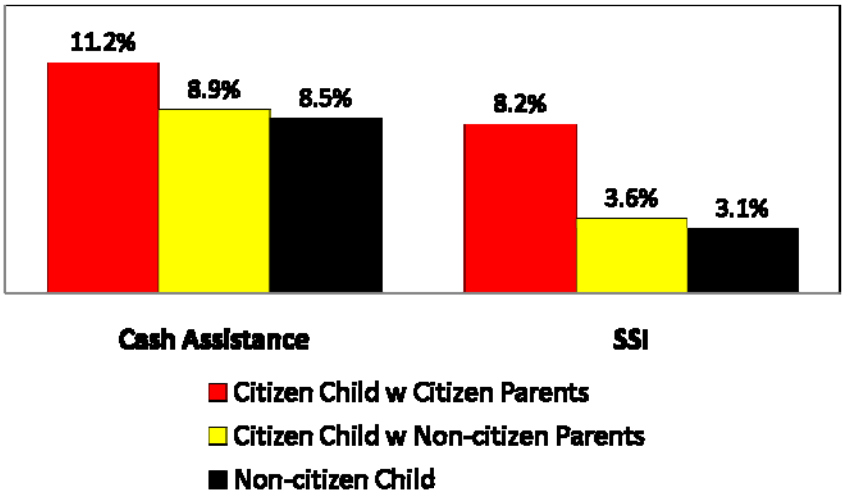
Figure 7. Receive Cash Assistance or SSI, Low-income Adults, 2011



Source: Authors' analysis of March 2012 Current Population Survey data.

As seen in Figure 7, a small percentage of low-income adults received cash assistance in 2011: 2% to 3%, regardless of citizenship status. SSI receipt was higher for native and naturalized citizens than non-citizen immigrants. Figure 8 shows that non-citizen children and citizen children in non-citizen families are less likely to be in households receiving cash assistance than citizen children with citizen parents. Non-citizen children and children with non-citizen parents are also less likely to be in SSI households than citizen children with citizen parents.

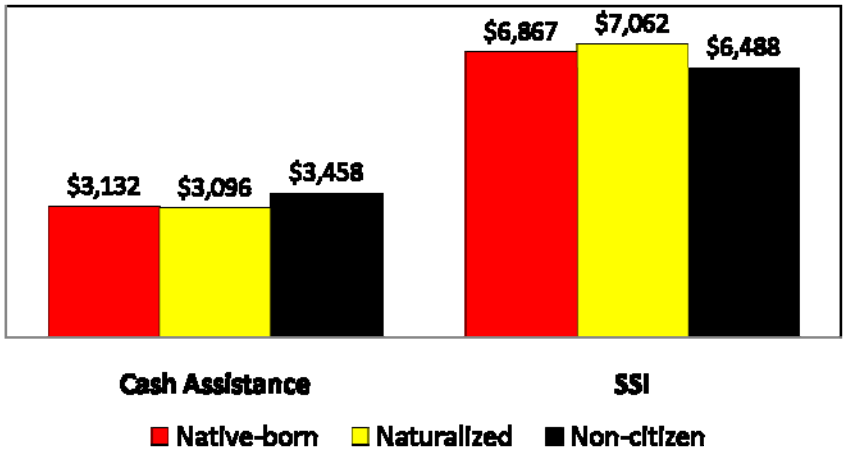
Figure 8. Member of a Household Receiving Cash Assistance or SSI, Low-income Children, 2011



Source: Authors' analysis of March 2012 Current Population Survey data.

The CPS data also show that the average annual cash assistance and SSI benefit for low-income adults receiving these benefits were fairly similar regardless of whether a person was native-born, naturalized, or non-citizen (Figure 9).

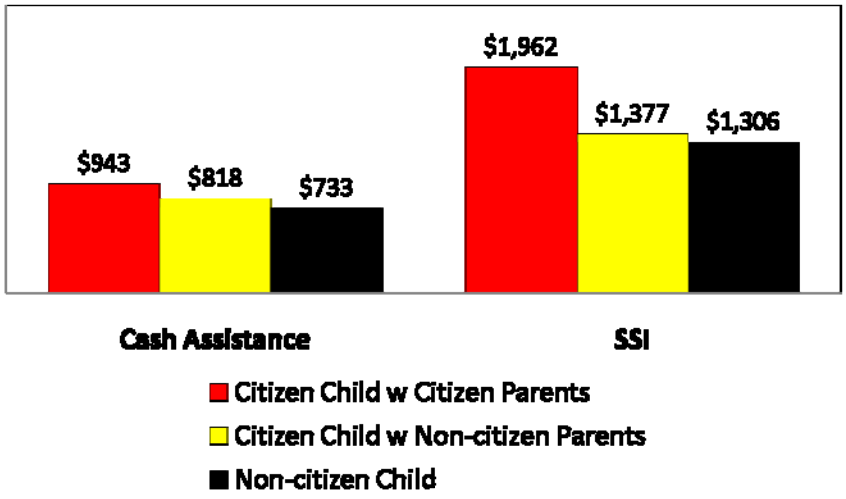
Figure 9. Average Annual Value of Cash Assistance or SSI, Low-income Adults, 2011



Source: Authors' analysis of March 2012 Current Population Survey data.

In contrast, the value of these benefits per household member was lower for children living in non-citizen households, among households that received cash assistance or SSI (Figure 10). For cash assistance, the benefit levels for citizen children in non-citizen families was 13% lower and was 22% lower for non-citizen children, compared to citizen children with citizen parents. The average SSI benefit was 30% to 33% lower for children in non-citizen families and non-citizen children than for citizen children in citizen families.

Figure 10. Average Annual Value of Cash Assistance or SSI Per Household Member, Low-income Children, 2011



Source: Authors' analysis of March 2012 Current Population Survey data.

CONCLUSIONS

The most recent Census data confirm that low-income non-citizen adults and children generally have lower rates of use of public benefits than native-born adults or citizen children whose parents are also citizens. Non-citizen immigrants' (both adults and children) utilization of Medicaid, SNAP, and SSI are lower. Adult receipt of cash assistance is uncommon (2% to 3%), regardless of citizenship status. Non-citizen children are less likely to use cash assistance than citizen children with citizen parents.

Moreover, when low-income non-citizens receive public benefits, the average value of benefits per recipient is almost always lower than for those who are native-born. This held true for both adults and children in Medicaid and SNAP, and for non-citizen children in households receiving cash assistance and SSI benefits. The average per recipient benefit levels were similar for adults receiving cash assistance or SSI.

The combined effect of lower utilization rates and lower average benefits means that the overall financial cost of providing public benefits to non-citizen immigrants is lower than for native-born people. Consider, for example, the results for Medicaid. If there are 100 native-born adults, the annual cost of benefits would be 25.6% use times $3,845 per native-born recipient times 100 persons, or about $984,000. For 100 non-citizen adults, the approximate cost would be 19.7% use times $2,904 the average value of benefits times 100 persons for a total cost of $572,000. This is 42% below the cost of the native-born adults. A comparable calculation for 100 non-citizen children and 100 citizen children with citizen parents yields $227,000 for the non-citizen children and $671,000 for the citizen children, so the non-citizen children are about 66% less expensive in total. Since about 83% to 84% of adults and children with low incomes are either native-born citizens or citizen children in citizen families, the overall cost of public benefits for those in native-born families outweighs those of non-citizen immigrants by many times.

Analyses of Census data (and the Medical Expenditure Panel Survey) have limitations. The data are self-reported and may be subject to self-reporting error. Respondents' use of public benefits and even immigration status may be erroneously reported. Analyses have often found that public benefit use is underreported in surveys like these, when compared with administrative data about the number of program participants. Nonetheless, these are the most frequently used data for these purposes.

As noted earlier, while these analyses are consistent with some earlier analyses, they differ from other analyses, particularly the estimates from the Center for Immigration Studies (CIS).[18] The CIS analyses, also based on the Current Population Survey (but from the March

2011 CPS), report that, for example, immigrant-headed households with children had higher use of Medicaid than native-headed households with children (45% vs. 33%, respectively), had higher use of food assistance including SNAP, WIC, and free or reduced price school lunches (43% vs. 29%), but lower use of cash assistance, including TANF, general assistance, and SSI (6% vs. 7%). The CIS analyses did not examine the average value of benefits received per recipient.

Why are there discrepancies between the CIS analyses and those presented in this paper, given that the topics seem similar and use the same data sources? There are four principal reasons:

- Our analyses focus on low-income adults and children, with family incomes below 200% of the poverty line. This is because the public benefit programs are means-tested and intended for use by low-income people. It is conventional in analyses like these to focus on the low-income since they are the intended target population. Such an analysis reduces misinterpretations about program use that are simply due to differences in income, since high income people are not eligible. Non-citizen immigrants tend to have lower incomes than native citizens, so a larger share are in need of public benefits. For example, analyses of the March 2012 CPS data show that 47% of non-citizen adults have incomes below 200% of poverty, compared to 27% of naturalized citizens and 25% of native-born adults. For children, 59% of non-citizen children live in families with incomes below 200% of poverty, compared to 59% of citizen children with non-citizen parents and 35% of citizen children with citizen parents. For both children and adults, the non-citizens are almost twice as likely to have low incomes compared with native

adults and citizen children with citizen parents. The CIS analyses did not adjust for income, so the percent of immigrants receiving benefits is higher in part because a greater percentage of immigrants are low-income and in need of assistance.

- This analysis focuses on individuals by immigration status, while the CIS studies focused on households headed by immigrants. We focus on individuals, particularly non-citizens, because those are the policy issues that are relevant to the public assistance programs and because immigrant-headed households typically include both immigrant members with citizen members. As noted earlier, U.S.-born children – who constitute the bulk of children in immigrant-headed households, are U.S. citizens and are therefore eligible for public benefits. The net effect of using the immigrant-headed household as the unit of analysis is to systematically inflate the impact of immigrants' participation in public benefit programs. For example, analyses of the March 2012 CPS found that 30% of U.S. children receiving Medicaid or CHIP benefits are children in immigrant-headed families (where one or more parent is a foreign-born immigrant), while 70% are in native-born headed families. But a closer look at the actual citizenship and immigration status of the children themselves reveals a different perspective. Of the 30% of children in immigrant-headed families, 27% are citizens and only 3% are actually non-citizen immigrants. That is, most of the children in immigrant-headed families receiving Medicaid or CHIP are actually citizens, primarily U.S.-born. Using the concept of an immigrant-headed household, as CIS does, inflates the impact of immigrants' use of child health insurance by ten-fold.

Another problem is the ambiguous nature of what it means to be an "immigrant-headed household." In the CPS, a head of household is often assigned by the parent who is completing the survey: it could be the husband or wife.[19] Consider an example of a five-person household, consisting of an immigrant male, a native-born wife, two native-born children, and a native-born unrelated person (such as someone renting a room). If the male has been deemed the head of household, this is an immigrant-headed household despite the fact that only one of five members is an immigrant and one (the renter) is not financially dependent on the immigrant. But if the wife was deemed the head of household, this would be a native-headed household, even though one member is an immigrant. Given that many families today have dual incomes and that the wife's income often exceeds the husband's, it is not clear if being assigned the "head of household" in the Census form has much social meaning. Instead, we looked at the citizenship status of both parents (if they are two) and categorized a family as having non-citizen parents if either was not a citizen.

- Third, our analyses focus on non-citizens, while the CIS study focuses on immigrants in general, including naturalized citizens. But, as noted earlier, citizenship status is the more relevant policy factor. Naturalized citizens are accorded the same rights, from public benefits to voting to legal rights, as native-born citizens. Moreover, since naturalized citizens have typically been in the United States longer than non-citizens and are more acculturated, they often have social and economic characteristics that are more akin to native-born citizens than non-citizens. Including naturalized citizens along with non-citizen immigrants tends to inflate the apparent benefit use of immigrant populations in a fashion that does not correspond to public benefit policies.

- Fourth, CIS bundled various food assistance programs and cash assistance programs together, while we focused only on the principal benefit programs. Neither approach is inherently better than the other, but yield slightly different results.

The analyses of the most recent Census data (and the Medical Expenditure Panel Survey) confirm that low-income non-citizen immigrants are less likely to receive public benefits than low-income native-born citizens and that the value of benefits received per recipient is less for the immigrant groups. Together, this means that the average cost of benefits for non-citizen immigrants is well below that of similar native-born citizens. Non-citizen immigrants receive less government benefits, even when they are at comparable levels of economic need for assistance.

NOTES

[1] Capps, R., Fix, M., Henderson, E. "Trends in Immigrants' Use of Public Assistance after Welfare Reform" in *Immigrants and Welfare: The Impact of Welfare Reform on America's Newcomers*, M. Fix, ed. New York: Russell Sage Foundation, 2009, p. 123-52 & Ku, L. "Changes in Immigrants' Use of Medicaid and Foodstamps: The Role of Eligibility and Other Factors," in *Immigrants and Welfare: The Impact of Welfare Reform on America's Newcomers*, M. Fix, ed. New York: Russell Sage Foundation, 2009, p 123-52.

[2] Camarota, S. *Welfare Use by Immigrant Households with Children: A Look at Cash, Medicaid, Housing, and Food Programs.* Washington, DC: Center for Immigration Studies, Aug. 2011, Camarota, S. *Immigrants in the United States: A Profile of America's Foreign-Born Population.* Washington, DC: Center for Immigration Studies, Aug. 2012, & Office of Senator Jim DeMint. *Pickpocket: How Big Government Bureaucracy, Regulations, Taxes and Out-of-Control Spending Rob Taxpayers: One-third of Immigrants Households Use Welfare* Oct. 12, 2012. Available at http://www.demint.senate.gov/public/index.cfm?p=pickpocket&contentrecord_id=c81c7eb2-3d1a-42a1-a3e5-a5c913f4fd23 as accessed Dec. 21, 2012. Because Senator DeMint has resigned from the Senate to become President of the Heritage Foundation, this website has since been closed.

[3] An immigrant is a foreign born person, except those born to American citizens living abroad. Those born in U.S. territories like Puerto Rico are also native-born American citizens.

[4] Grieco, E., et al. (for the U.S. Census Bureau) *The Foreign-Born Population in the United States: 2010*. ACS-19. American Community Survey Reports, May 2012.

[5] *Ibid.*
[6] Ji, Q. and Batalova, J. *College-Educated Immigrants in the United States*, Migration Policy Institute, Dec. 2012. http://www.migrationinformation.org/Feature/display.cfm?ID=927.
[7] Grieco, et al. *op cit.*
[8] Duleep, H. and Regets, M. "Immigrants and Human-Capital Investment."s *American Economic Review*, 89(2): 186-91, 1999 & Duleep, H. and Dowhan, D., "Insights from Longitudinal Data on Earnings Growth of U.S. Foreign Born Men," *Demography*, 39(3) 485-506.
[9] Many of the key federal rules were established in 1996 by the Personal Responsibility and Work Opportunity Reconciliation Act, as amended by the Illegal Immigration Reform and Immigrant Responsibility Act, although there have been subsequent amendments in a variety of laws. For primary federal rules, see Office of the Assistant Secretary for Planning and Evaluation, Dept. of Health and Human Services. *Summary of Immigrant Eligibility Restrictions under Current Law as of 2/25/2009.* Available at http://aspe.hhs.gov/hsp/immigration/restrictions-sum.shtml. For a more comprehensive review, including state variations in policies, see National Immigration Law Center (NILC). *Guide to Immigrant Eligibility for Federal Programs*, Fourth Edition, Los Angeles, CA: Author. 2002. In particular, see NILC's updates of laws and state options, at http://www.nilc.org/guideupdate.html.
[10] The Fourteenth Amendment to the U.S. Constitution begins: "All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside."
[11] See the NILC updates, op cit. for more detail about state choices.
[12] The exception is that Medicaid makes payments to health care providers for emergency services rendered to undocumented immigrants who otherwise meet Medicaid eligibility criteria (e.g., income, category, age). The Emergency Medical Treatment and Active Labor Act (EMTALA) requires that hospital emergency rooms provide at least basic care (screening and stabilization) to all persons seeking emergency care, regardless of insurance or immigration status. Thus, emergency rooms are already required to treat undocumented immigrants like other patients; the Medicaid emergency care payment helps ensure that reimbursement is available to the hospitals for providing this care.
[13] DeNavas-Walt, C., Proctor, B. and Smith, J. U.S. Census Bureau, Current Population Reports, P60-243, *Income, Poverty, and Health Insurance Coverage in the United States: 2011*, U.S. Government Printing Office, Washington, DC, 2012.
[14] Capps, et al. 2009, *op cit*..
[15] Ku, L. "Health-Insurance Coverage and Medical Expenditures for Immigrants and Native-Born Citizens in the United States," *American Journal of Public Health*, 99(7): 1322-28, July 2009 & Mohanty, S., et al. "Health Care Expenditures of Immigrants in the United States: A Nationally Representative Analysis." *American Journal of Public Health*, 95(8): 1431-1438; 2005.
[16] CPS data report the total value of SNAP benefits received by the household over 2011.
[17] The CPS does not enumerate which children receive cash assistance and SSI benefits because the Census Bureau uses these data to compute adults' incomes, but it does not compute income for children.
[18] Camarota, S., *op cit.* 2012. Camarota, S., *op cit.* 2011, had similar analyses, but used March 2010 CPS data.
[19] The head of household may also be defined based on the person in whose name the mortgage or rent is assigned. But since mortgages and rents are often in both parents' names, it devolves to the choice of the survey respondent.