

— Chapter 1 —

Immigrants and Welfare: Overview

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ON AUGUST 22, 1996, President Bill Clinton signed the landmark Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) that with much fanfare eliminated welfare as an entitlement, imposed time limits on public assistance, mandated that welfare beneficiaries work, and substantially increased state authority in administering welfare programs (Public Law 104-193).

But the 1996 law introduced another important but far less broadly noted policy change: it restricted legal immigrants' access to cash-transfer programs such as welfare as well as to other social safety net programs such as food stamps and health insurance. It gave states new powers to deny benefits to noncitizen immigrants, and it codified comprehensively for the first time the eligibility of legal immigrants, unauthorized immigrants, and refugees for federal and state public benefits.

These restrictions were driven by a widely held belief that immigrants were drawn to the United States and the states in which they settled by welfare's magnetic force. The provisions were intended to promote immigrant self-sufficiency and serve the immigration policy goal of improving the "quality" of the immigrants admitted. Not insignificantly, the provisions restricting noncitizens' eligibility for benefits were expected to generate 44 percent of the \$54 billion in welfare reform's projected savings during its first six years of implementation (Congressional Budget Office 1996).

2 Immigrants and Welfare

It could be argued that the law superimposed welfare reform's larger goals—promoting work and marriage and reducing welfare use—on a population generally characterized by comparatively low welfare use, high work levels, and a significantly greater likelihood of living in intact families than the native-born poor. By restricting eligibility for noncitizens and thereby making citizenship a pathway to benefits, it changed both the incentives to naturalize and the value of citizenship. A companion law, the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA), also passed in September 1996. The IIRIRA required that sponsors' incomes be included in benefit-eligibility calculations, allowing states to hold sponsors liable for the value of any benefits that sponsored immigrants received (Public Law 104-207). Further, by granting states new authority to discriminate against or support noncitizens, the law foreshadowed the devolution of both immigrant-integration and immigration-enforcement policies to state and local governments. This trend accelerated following the defeat of comprehensive immigration reform legislation in 2006 and 2007.

A central focus of this volume, then, is welfare reform's immigrant provisions, their origins and purposes, what we know about their impacts, and their implications for policy. These chapters explore major trends in immigrants' use of public benefits, the controversies to which these trends have given rise, the myths that have sometimes dominated public discourse, and some of the policy alternatives to curbing benefits that have been proposed in the past and that might find voice in the future. The chapters were initially presented as papers at a conference held in December 2006, PRWORA's tenth anniversary year, at the Migration Policy Institute. The conference and this volume have been supported by the Russell Sage Foundation, with additional support from the Annie E. Casey Foundation and the Foundation for Child Development.

These chapters address a number of frequently contested issues that shaped the debates surrounding welfare reform's passage in 1996 and that continue to shape social welfare and immigration debates today. The central theme that unifies the book and informs these questions is the impact of welfare reform on the integration of immigrants and their children, both as the laws' framers intended and as unfolded after the law was implemented:

Do public benefits serve as magnets that attract immigrants to the United States or to particular states within the country?

Do benefits promote dependency within the immigrant population? Do they provide a disincentive to work?

Do immigrants have a greater propensity to use benefits than the native-born poor?

Do benefits promote a form of negative acculturation that rises with the length of time immigrants remain in the United States? Does use of benefits slow integration?

Are the policy imperatives that drove welfare reform—the need to promote work and marriage within the poverty population—as pertinent to immigrants as to natives?

We also discuss some of the issues that have emerged in the wake of the law:

Have state substitution programs and federal restorations of eligibility for some groups of noncitizens effectively returned noncitizen eligibility policies to the status quo before the law passed?

Has the law had, and does it continue to have, unintended effects on populations that were theoretically protected, specifically refugees and citizen children with noncitizen parents? Did reform have a chilling effect on benefits use by eligible immigrants and their family members, and do those effects persist?

Are the restrictions on noncitizens' eligibility for benefits driving a surge in naturalization, and thereby a decline in the quality of the naturalizing population?

Can welfare reform be linked to patterns of hardship among immigrants?

Has the intent of Congress been met regarding the roles that sponsors should play in supporting immigrants?

The trends in law, policy, poverty, and benefits use presented here are of much more than historical interest. Although

welfare reform and the dramatic changes it enacted in citizenship, benefits, federalism, and immigrant-integration policy may now be over a decade old, many of the law's most far-reaching restrictions stand as originally enacted, barring many legal immigrants from safety-net services during a severe economic downturn.

Further, it could be argued that the law's restrictions on legal immigrants' access to the social safety net reflect a broader neglect of immigrant-integration policy at the federal level, despite the nation's comparatively generous admission policies.¹ That is, although the United States annually admits more immigrants on a citizenship track than any other country in the world, its integration policies—especially those at the federal level—remain ad hoc and underfunded. One result is that the burden of financing immigrant integration has been shifted to an increasingly restive set of state and local governments. Restrictions on federally funded benefits for immigrants that shift safety net costs to the state and local level are one such burden.

The impacts of the mismatch between generous immigration rules and poorly defined integration policies are of growing significance given the rapid rise in the nation's immigrant population, which effectively doubled between 1990 and 2006. The significance is likely to increase when the economy recovers and the nation begins to experience shortages of native-born workers as the baby boomers retire.

STRUCTURE OF THE VOLUME

The book is organized with the intent of giving the reader some insight into the complex changes in social policy and federalism that welfare reform presented for immigrants. Part I probes the politics behind the welfare reform law, its legal underpinnings, and its implications for immigrant integration policies at the federal and state levels. In chapter 2, Ron Haskins examines the law's legislative goals, viewing them through the lens of the Republican congressional majority that shaped the law. In chapter 3, Michael Wishnie explores some of the constitutional challenges the law raises and discusses the mostly limited successes

of subsequent legal challenges to its immigrant-eligibility restrictions.

Part II focuses on empirical research on trends in immigrants' use of benefits before and after welfare reform, as well as on the law's initial impacts on immigrants and their families. The chapters address the key issues raised earlier in the discussion of the literature: welfare as a magnet for immigration, immigrants' propensity to use welfare, negative acculturation, changes in immigrants' use of benefits following welfare reform, and impacts on children in immigrant families. In chapter 4, Jenny Van Hook and Frank Bean use the Survey of Income and Program Participation (SIPP) to compare the trajectories of Mexican women receiving welfare in more and less generous states before PRWORA was enacted. In chapter 5, Randy Capps, Michael Fix, and Everett Henderson use U.S. Current Population Survey (CPS) data to examine changes in poverty and federal benefits use among low-income legal immigrant families before and following reform. In chapter 6, Leighton Ku focuses on changes in low-income noncitizens' use of food stamps, Medicaid, and State Child Health Insurance Program (SCHIP) benefits. Ku explores not only changes related to shifts in eligibility but also other factors that influence benefits use. Finally, in chapter 7, Ariel Kalil and Danielle Crosby use longitudinal data from the Chicago area to compare health and other outcomes of young Latino families leaving welfare with those who retained benefits—offering an initial glimpse at the law's impacts on children in immigrant families.

THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT OF 1996

The 1996 welfare reform law had a number of broad aims. According to Alan Weil and Kenneth Finegold, it sought to “increase state flexibility; end parental dependence on government benefits by promoting job preparation, work and marriage; discourage pregnancies outside of marriage; and encourage the formation and maintenance of two parent families” (Weil and Finegold 2002, xiv).

The logic of at least some of these goals did not apply convincingly to low-income immigrants, given that they were more likely to live in intact families and to hold jobs than their native counterparts.² Although evidence emerged in the 1980s and early 1990s of expanding noncitizen use of some benefits, it was concentrated within two vulnerable populations—refugees and the elderly—many of whom would not be expected to work (Fix and Passel 1994).

PRWORA's immigrant restrictions also incorporated other goals not common to the native-born populations affected by the law. One was to alter immigrant flows to the United States by increasing the quality of new immigrants and reducing the pull of the welfare magnet (Borjas and Hilton 1996). A second was to shift responsibility for the support of immigrants away from the state and onto newcomers' sponsors. A third was to realize a large, new stream of cost savings.

For immigrants, PRWORA imposed more than just eligibility restrictions for public benefit programs—primarily cash welfare, food stamps, and public health insurance. Rather, the law's immigrant provisions represented a comprehensive legislative scheme that narrowed the access of legal immigrants—including refugees—to federal benefits. In this respect, the law departed from the program-by-program creation of immigrant eligibility rules at the federal level that had been typical in the past and that has reemerged since the law was passed.

Immigrant Eligibility Restrictions

Before welfare reform, legal immigrants who had not yet become U.S. citizens were eligible for public benefits on generally the same terms as citizens. Following reform, eligibility for federal means-tested public benefits turned to a much greater degree on citizenship than it had in the past. In particular, the law placed new restrictions on Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Medicaid, the State Child Health Insurance Program, and the Food Stamps Program (FSP). Unauthorized immigrants were unaffected by PRWORA: they remained ineligible for most means-tested benefits.

Federal Means-Tested Public Benefit Programs

Temporary Assistance for Needy Families, a fixed block grant distributed to the states as part of the 1996 welfare reform, replaced the entitlement program Aid to Families with Dependent Children (AFDC). TANF provides cash assistance to needy families, primarily single-parent families but in some cases two-parent families as well, while emphasizing work and self-sufficiency. Participants cannot receive federal assistance for more than five years during their lifetimes. Some states elect to shorten this assistance period; others use state funds to lengthen it. States set eligibility thresholds, which range from 17 percent to 163 percent of the federal poverty level in federal fiscal year (FY) 2003 (Administration for Children and Families 2006).³ TANF's average monthly caseload was approximately 1.6 million families in FY 2008 (see Administration for Children and Families 2009).

Supplemental Security Income (SSI) was established in 1972 to ensure that the aged, blind, and disabled are able to live above the poverty line. SSI is a means-tested federally administered program, but states have the option to supplement SSI benefits. In 2003, forty-five states did so. SSI targets adults age sixty-five and older as well as children and adults who are blind or disabled, as long as they meet income and resource requirements. The amount of SSI received from the federal government is based on the federal benefit rate (FBR) minus income. In 2008, the FBR was \$637 per month for individuals and \$956 per month for couples (Social Security Administration 2008). The FBR is adjusted for inflation at the beginning of the year and generally is equivalent to 74 percent of the poverty level for individuals and 82 percent for couples. Individuals and couples in states with supplemental programs may receive higher benefits (Davies and Favreault 2003). In 2007, SSI assisted an estimated 7.1 million people with federal funding and an additional 300,000 with state supplementary funding (see Social Security Administration 2008, table 7.A1).

The Food Stamp Program was established by federal law in 1964 to help low-income families purchase nutritious food. FSP is not limited to a specific group of people, such as the elderly, disabled, families with children, or the unemployed, but instead is available to most families with incomes below 135 percent of the federal poverty level. In October 2008, the federal government changed the name of the program from FSP to Supplemental Nutrition Assistance Program (SNAP). In December 2008, the U.S.

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Department of Agriculture estimated that the program assisted 31.8 million people (2009).

Medicaid was established in 1965 as a joint federal-state program to provide health benefits for low-income children, parents, pregnant women, the elderly, and disabled individuals. Medicaid requires that emergency services are provided for all immigrants regardless of status or eligibility, but regular Medicaid coverage is unavailable to unauthorized and some legal immigrants. Eligibility for Medicaid, including SCHIP expansion programs, can range from 100 to 300 percent of the federal poverty line depending on the state and the age of the child (Henry J. Kaiser Family Foundation 2009). In 2007, approximately 44 million people were Medicaid beneficiaries (Henry J. Kaiser Family Foundation 2007).

The State Children's Health Insurance Program was created in 1997 to provide insurance coverage for low- to moderate-income children, that is, those in families with incomes just above states' Medicaid eligibility threshold. Some states have SCHIPs that are expansions of their Medicaid programs for children, and others have stand-alone programs. Eligibility for stand-alone SCHIP programs ranges from 150 to 350 percent of the federal poverty line depending on the state (Henry J. Kaiser Family Foundation 2009). In FY 2008, approximately 7.4 million children were enrolled in SCHIP (Center for Medicare and Medicaid Services 2009b).

PRWORA's comprehensive redefinition of immigrant eligibility for benefits created three bright lines. The first divided naturalized citizens from noncitizens. Naturalized citizens continued to be eligible for TANF, SSI, food stamps, Medicaid, SCHIP, and other means-tested benefits on the same terms as U.S.-born citizens (see immigrant eligibility categories).

The second line separated qualified from unqualified aliens. Qualified aliens include those holding a range of immigration statuses, the most common being LPRs and refugees. Some groups of qualified aliens, whom we refer to as legal immigrants throughout this volume, retained eligibility for means-tested benefits; others be-

came ineligible for certain periods of time or under certain conditions.⁴ PRWORA created complex rules surrounding the eligibility of qualified immigrants, rules that varied depending on the program and created a great deal of confusion in immigrant communities.

Immigrant Eligibility Categories

Naturalized citizens are legal immigrants who have lived in the United States at least five years (three years if married to a U.S. citizen) and have passed the citizenship test. PRWORA retained naturalized citizens' eligibility for all federal programs on the same basis as U.S.-born citizens.

Qualified aliens include legal permanent residents, refugees, and some other smaller categories of legal noncitizens. PRWORA restricted the eligibility of some groups of qualified aliens for some benefits, but others remained eligible.

Legal permanent residents (LPRs) are immigrants admitted for permanent residency, and thus on a track to citizenship, usually based on petitions from sponsors. Most LPR sponsors are close family members, such as spouses or parents, who are citizens or LPRs living in the United States. Other LPRs are sponsored by employers. A small proportion are admitted without sponsors, including refugees and winners of the diversity lottery.

Preenactment immigrants are those LPRs and other qualified aliens who entered the United States before August 22, 1996, when PRWORA was signed into law. Preenactment immigrants are generally eligible for all means-tested federal benefits.

A ten-year work history in the United States, at least forty quarters, was required of LPRs and some other qualified aliens, even if they were preenactment immigrants, before they could receive food stamps. Aliens could count their spouse's and their parent's work history (when they were under age eighteen) toward the requirement. Subsequent legislation changed the food stamp eligibility from a ten-year work requirement to a five-year bar for adults.

Postenactment immigrants are qualified aliens entering the United States after August 22, 1996. A five-year bar established under PRWORA made

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most postenactment legal immigrants ineligible for TANF, SSI, Medicaid, and SCHIP for five years after their arrival in the United States. Subsequent legislation dropped the bars for legal immigrant children for food stamps, Medicaid, and SCHIP, but left them in effect for legal immigrant adults.

Refugees, asylees, and Cuban-Haitian entrants are immigrants admitted for permanent residency on the basis of persecution or a well-founded fear of persecution. Technically, refugees are admitted directly from other countries, whereas asylees and entrants are granted refugee status after arriving in the United States. But all three groups are eligible for federal resettlement assistance and their eligibility for means-tested benefits was reduced less than other legal immigrants by PRWORA. We refer to all of these groups as refugees throughout the volume. Refugees become LPRs after one year in the United States, but retain eligibility for benefits based on their admission as refugees for their first five to seven years. The ten-year work requirement for food stamps and five-year bars on TANF, SSI, Medicaid, and SCHIP eligibility were not applied to refugees.

Active-duty military, veterans, and their spouses retain eligibility for all means-tested programs. The bars on eligibility did not apply to this group.

Unqualified aliens include unauthorized immigrants, some groups of temporary legal migrants, and applicants for permanent legal status already residing in the country. Unauthorized immigrants are those who have entered the country illegally (often across the border with Mexico), overstayed their visas, or otherwise violated the terms of their admission. Unqualified temporary migrants include students and immigrants with temporary work permits, among others. Unqualified aliens are ineligible for means-tested federal programs but are eligible for some benefits, such as emergency Medicaid, immunizations, diagnosis and treatment of communicable diseases, nutritional supplements for infants and young children, and the school lunch and breakfast programs.

Unqualified immigrants are entirely ineligible for means-tested benefits. The largest group, the 11 to 12 million immigrants in the United States without legal authorization, were ineligible for most federal programs before 1996 and remain so today. Smaller

groups include temporary migrants such as students, workers, and longer-term immigrants in the process of applying for permanent legal status. Some programs for which unauthorized and other unqualified immigrants are eligible include emergency Medicaid, immunizations, diagnosis and treatment of communicable diseases, nutritional supplements for infants and young children, and the school lunch and breakfast programs (Fix and Passel 2002; Broder 2005). But these programs were not the central focus of welfare reform and are not discussed in this volume.

A third line was drawn between qualified *preenactment* and qualified *postenactment* immigrants. Preenactment immigrants—those who entered the United States before August 22, 1996—retained eligibility for means-tested benefits except food stamps. PRWORA made most legal immigrants ineligible for food stamps regardless of when they entered the country unless they could show they had worked in the United States for at least ten years. This severe restriction was revised twice in subsequent legislation. But preenactment immigrants remained eligible for the other means-tested programs—including TANF, SSI, Medicaid, and later, when it was created, SCHIP—mostly at federal government expense.

Postenactment immigrants—those entering the United States after August 22, 1996—were barred from TANF, SSI, Medicaid, SCHIP, and other means-tested programs for their first five years. Policy analysts have referred to this provision as a five-year bar, and the bar remains in force for legal immigrant adults more than ten years after PRWORA was enacted. The five-year bar on food stamps, Medicaid, and SCHIP eligibility has been removed for legal immigrant children, though it is still in place for these children in TANF and SSI.

To make matters even more complex, some groups of qualified immigrants were exempted from the ten-year work requirement for food stamps and the five-year bar for the other programs. The largest protected group is refugees and asylees, who are also eligible for federal resettlement assistance. Refugees and asylees are eligible for means-tested benefits for their first five to seven years in the United States, in contrast to other qualified aliens, who are

barred during their first five years. Active-duty military, veterans, and their spouses are also eligible without any restrictions, as are some groups of immigrants who have been trafficked or experienced domestic abuse.

On balance, these many distinctions have meant that tougher restrictions are imposed on the rapidly growing population of postenactment immigrants. As of 2006, the roughly 4 million postenactment LPRs living in the United States represented 40 percent of the LPR population.

Limited Devolution of Noncitizen Eligibility Rules

Within the complex rules for noncitizen eligibility set up by PRWORA, Congress allowed states to make two sets of important choices. The first choice was restrictive. Congress allowed states to restrict eligibility for qualified immigrants who entered the United States before PRWORA was enacted. Only two states opted to restrict eligibility for preenactment immigrants: Alabama for TANF and Wyoming for Medicaid (Zimmermann and Tumlin 1999).

The second choice was expansive and more inclusionary. Congress allowed states to extend means-tested benefits to postenactment immigrants, including those within the five-year bar. Many of the larger, more traditional immigration states—such as California, Massachusetts, New Jersey, and New York—extended TANF, Medicaid, SCHIP, and food stamps to postenactment immigrants. A handful of other states with smaller immigrant populations did so as well (Zimmermann and Tumlin 1999). There was a catch, however: states could only extend these benefits to postenactment immigrants with their own funding. As a result, the programs became expensive and states may be forced to rescind them. California has the largest programs and recently considered ending them because of its budget crisis. The budget plan it enacted in February 2009, however, retained eligibility for legal immigrants (California Immigrant Policy Center 2009), but the state's fiscal crisis has worsened since that time.

Sponsorship

In September 1996, a month after passing welfare reform, Congress passed the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA). This law required, for the first time, that legal immigrants' sponsors have incomes higher than 125 percent of the federal poverty threshold.⁵ The law also required that sponsors sign a legally enforceable affidavit of support, pledging to support the immigrants until they naturalize or work forty quarters. Sponsors remain liable for reimbursing most public benefits immigrants use during this period. Although similar requirements had been in place before IIRIRA, courts had found them legally unenforceable. Sponsors' new income requirements and potentially open-ended support obligations could be viewed as a backdoor reform of the legal immigration system intended to keep out the poorest and most welfare-prone immigrants, reinforcing welfare reform's immigration-control thrust.

In sum, these two 1996 reform laws, PRWORA and IIRIRA,

- introduced a comprehensive reform of the social safety net for legal immigrants—a reform that went well beyond cash assistance to a large range of federally financed work support programs;
- reduced noncitizens' access to benefits, thereby increasing their incentives to naturalize;
- generated a complex set of eligibility rules for different programs, creating confusion about eligibility in immigrant communities;
- expanded states' power to determine legal immigrants' eligibility for public benefits;
- redefined the requirements for and obligations of sponsorship; and
- reinforced the ineligibility of unauthorized immigrants and temporary migrants for public benefits.

Changes in Legal Immigrants' Eligibility

Some commentators have argued that though welfare reform's immigrant restrictions initially represented a major shift in public policy, subsequent actions by Congress and the states have largely returned the nation to the earlier status quo, that is, to the more generous rules and higher use rates that prevailed before 1996 (Borjas 2001; Camarota 2003). A review of legislative changes since PRWORA supports this claim for children but not for adults.

With the Balanced Budget Act of 1997 (Public Law 105-33), Congress restored SSI, and with it Medicaid, benefits to all elderly and disabled immigrants receiving SSI at the time welfare reform was enacted, to all LPRs then in the United States who become disabled in the future, and to refugees during their first seven (versus five) years following entry.⁶ Later that year, with the Agriculture, Research Extension and Education Reform Act of 1998 (Public Law 105-185), Congress restored food stamp eligibility to LPR children and to elderly and disabled LPRs in the United States at the time of PRWORA's signing, and to those in the country for at least five years.

In 2002, President George W. Bush signed the Farm Security and Rural Investment Act (Public Law 107-17), which restored food stamp eligibility to disabled LPRs and to all LPR adults with five years of legal residence. Food stamps were also restored to all LPR children regardless of how long they had lived in the United States. This restoration crossed the line represented by the five-year bar on postenactment immigrants' eligibility.

In February 2009, newly elected President Barack Obama signed the Children's Health Insurance Program Reauthorization Act (Public Law 111-3, section 214). The law lifted the five-year bar on states' authority to use federal Medicaid and SCHIP funds to cover all legal immigrant children and pregnant women. However, states must change their own policies, in some cases through legislation, before they can draw down these funds. States, such as California and New York, that have been funding Medicaid and SCHIP for five-year bar children using only their own funding have incentives to change their policies to draw down the federal match. States not currently covering these children do not have such an incentive, and might opt not to change

their policy because they would have to provide state matching funds during a difficult fiscal climate.

In sum, postenactment immigrants' access to public benefits has expanded since PRWORA was enacted, but the eligibility rules have not returned to the previous status quo. The replacement programs enacted by some states at their own expense have further muted the impact of PRWORA, but these programs are in jeopardy in the current economic and fiscal crisis.

PRWORA and Unauthorized Immigrants

Welfare reform did not significantly change the already limited eligibility of unauthorized immigrants for federal public benefits. That said, there are numerous indirect connections between PRWORA, the charged debate over unauthorized immigrants, and the proposed regularization of their status under differing immigration reform proposals. First, as Michael Wishnie points out in this volume, the devolution of immigrant eligibility rules to the states can be seen as foreshadowing the proliferation of state and local legislation that began to emerge in the middle of the current decade. Many of these laws sought to restrict a wide range of rights of the unauthorized: the right to work, housing, drivers' licenses, public benefits, and services.

Second, abiding if largely misplaced concerns over unauthorized immigrants' use of federal and other public benefits have driven new identification and verification requirements at the state and local levels and within the federal Medicaid program (Rodriguez 2008). For example, the 2006 Deficit Reduction Act mandates that all Medicaid applicants prove they are citizens or otherwise legally present.⁷ The rules appear to have had their biggest impact not on the unauthorized immigrants who were purportedly the focus of the rules, but on the native poor who could not prove they were citizens and whose applications were delayed or who lost eligibility for Medicaid altogether.

Finally, it could be that the political prospects of legislation that provides the unauthorized with a path to citizenship, as proposed in past Congresses, may be enhanced by existing restrictions on the eligibility of recent legal immigrants for benefits because the

restrictions hold down the overall costs of a legalization program. Indeed, under proposals advanced in 2006, legalizing immigrants would not have been eligible for means-tested federal programs until 2020, at which point their economic integration would likely have limited their need for assistance (U.S. Congress 2006).

OBSERVATIONS ON THE LITERATURE

Before delving into the substance of this volume, it is important to review the substantial literature on immigrants' use of public benefits before and after the passage of welfare reform. The political debate over welfare reform's immigrant provisions reflected parallel academic debates that involved differing methodologies and often competing outcomes. Here we sketch a few particularly charged debates in the literature and note some of the methodological approaches taken to such contested issues as estimating immigrants' use of benefits, their propensity toward benefits relative to natives, and their intergenerational transmission patterns. Literature on trends in immigrants' benefit use since welfare reform, and the impacts of the law's benefit restrictions, is also reviewed.

One widely debated issue has been the degree to which public benefits function as a magnet, influencing international and interstate flows of migrants. In a highly influential paper, George Borjas used 1980 and 1990 census data to show that immigrants were more likely than natives to settle in states with generous welfare policies (1999). He used this evidence to support what he termed the welfare-magnets hypothesis, which held that immigrants were attracted to the United States because of its relatively generous welfare programs. Madeline Zavodny used Immigration and Naturalization Services (INS) data on LPRs to examine associations between state welfare generosity and legal immigrants' initial settlement patterns (1999). She rejected Borjas's hypothesis that immigrants' location choices were associated with relative state welfare generosity.

After PRWORA was enacted, state rules concerning legal immigrants' benefit eligibility varied widely. This variation created a natural experiment that allowed analysts to test whether legal immigrants were attracted to states with relatively generous welfare

policies. Neeraj Kaushal used INS data and found no evidence during the post-PRWORA period that newly arrived immigrants preferred to settle in states that reinstated benefits for immigrants, such as California and New York, versus states that did not, such as Texas and Florida (2005).

Another long-standing concern has been the purportedly greater propensity of immigrants to use means-tested benefits. Earlier research analyzed cross-sectional data from the 1976 Survey of Income and Education and concluded that immigrants were less likely to depend on welfare, broadly defined to include payments from the Aid to Families with Dependent Children program, SSI, and public assistance (Blau 1984; Simon 1984). Some argued that the probability that an immigrant family would become dependent on welfare, however, changed over time as the composition of the immigrant population changed. George Borjas, with Stephen Trejo and on his own, used U.S. Census Bureau data and found that later waves of immigrants were more likely to receive welfare than natives, and use of means-tested programs among immigrants of a particular entry cohort increased with the duration of their stay in the United States (Borjas and Trejo 1991; Borjas 1995).

Other researchers noted that benefits use was concentrated within two highly vulnerable subpopulations. One includes elderly, recently arrived immigrants whose ineligibility for Social Security led them to turn to SSI for support and access to health insurance. The second includes refugees, who come to the United States fleeing persecution and thus can be seen as involuntary migrants. Refugees often suffer mental and physical disabilities, and receive comparatively generous benefits under the Refugee Resettlement Program (Fix and Passel 1994).

A third concern is that longer-term U.S. immigrants and those who came as children will depend more on welfare than more recent immigrants, and that this dependency will result in less work effort. The negative-acculturation theory holds that as immigrants learn more about American society, they adopt behaviors that negatively influence their health and well-being, such as higher rates of smoking, drinking, drug use, and delinquent behavior (Portes and Zhou 1993; Rumbaut 1994). This theory posits higher welfare use among longer-term and second-generation immi-

grants, especially in high-poverty neighborhoods where welfare dependency is relatively high and workforce participation relatively low (Borjas 1998; Borjas and Hilton 1996). The concern with immigrants, as with the general population, is that the availability of welfare benefits will lead to long-term dependency. Thus concerns about negative acculturation of immigrants tie into larger concerns about the moral hazards of welfare expressed by many of those in favor of the broader goals of welfare reform.

In the wake of PRWORA's enactment, a substantial body of research on how benefits use affects the behavior and well-being of immigrants has been undertaken. These studies explore welfare reform's impact on immigrants' use of means-tested programs, their employment and earnings, their health insurance, their food insecurity and health, and their citizenship (Lofstrom and Bean 2002; Borjas 2001, 2003, 2004; Davies and Greenwood 2004; Haider et al. 2004; Joyce et al. 2001; Fix and Passel 1999, 2002; Kaestner and Kaushal 2005, 2007; Kaushal and Kaestner 2005, 2007; Van Hook 2003).

Most of this literature reports sharp declines in the use of social welfare programs after PRWORA was enacted, with the declines more pronounced among immigrants than natives (Zimmermann and Fix 1998; Borjas 2001; Fix and Passel 1999, 2002; Lofstrom and Bean 2002; Haider et al. 2004; Kaestner and Kaushal 2007).⁸ Researchers attribute the declines to three primary factors: the economic expansion of the 1990s, federal- and state-level changes in immigrant eligibility and access to means-tested programs, and PRWORA's chilling effect, which created an atmosphere of fear and confusion among immigrants, discouraging them from applying for benefits even when they were eligible (Fix and Passel 1999; Lofstrom and Bean 2002; Kaestner and Kaushal 2005, 2007). The degree to which each of these factors affected immigrant use of means-tested programs continues to be an issue of debate.

In one of the first papers on this issue, Michael Fix and Jeffrey Passel attributed the sharp decline in immigrant use of means-tested programs to the chilling effect of welfare reform (1999). Surveys by the National Health Law Program and the National Immigration Law Center indicated that fear of deportation from the

United States discouraged immigrants from obtaining publicly subsidized health care even when they were entitled to it (Schlossberg and Wiley 1998). The Kaiser Commission on Medicaid and the Uninsured found that, after reform, many immigrants did not seek public health insurance because they feared it would affect their immigration status or jeopardize their opportunity to become a citizen (Feld and Power 2000). Along similar lines, Kaushal and Robert Kaestner found that PRWORA affected the public coverage of immigrants who had been in the United States for more than five years as adversely as it affected their less-than-five-years counterparts, even though the latter were subject to more stringent provisions in a number of states (2005).

Analysts and policymakers also became concerned that the chilling effects of PRWORA would be felt by mixed-status families—those with one or more citizen children and one or more noncitizen parents. In these families, the children are eligible for benefits on the same terms as other U.S. citizens; the parents, however, may be ineligible on the basis of noncitizen eligibility restrictions. This group of families has been demographically significant for some time: in 2000, one in ten children in the United States lived in mixed-status families (Fix and Passel 2002). Research has shown that the low-income citizen children in these families had significantly lower TANF and food stamp use than their counterparts in citizen families, and benefits use among mixed-status families declined substantially after PRWORA (Fix and Passel 2002).

As discussed earlier, there has been some expansion of eligibility to legal immigrants affected by PRWORA, especially children. At the federal and state levels, PRWORA was followed by expansions in immigrant eligibility for some programs and populations (such as food stamps, SSI and, recently, Medicaid-SCHIP for some groups of legal immigrants), expanded outreach to immigrant communities for some programs (for SCHIP and food stamps, for example), and program administrative changes that made it easier for immigrants to apply (such as by allowing applications by mail, phone, or over the Internet). A small literature traces immigrant responses to these reforms, finding they likely improved access and use (Holcomb et al. 2003; Capps et al. 2004; Buchmueller, Lo Sasso, and Wong 2008).

COMPETING METHODOLOGIES

Conclusions about the propensity of immigrants to use welfare, its magnetic effect, trends in use before and after reform, and the impact of welfare reform on immigrants and their children all vary depending on a wide range of study choices. In other words, the methodological choices taken in the literature and in the chapters in this volume are important and strongly affect the findings. One such choice is the analyst's approach to disaggregating results by legal status. That is, results are often driven by whether results are reported for all immigrants or all noncitizens as a group, or by whether analysts disaggregate results by legal status categories, such as naturalized citizens, refugees, legal permanent residents, temporary legal visitors, and unauthorized immigrants. As we have noted, welfare reform altered eligibility for some of these groups (legal immigrants and refugees) but not others (unauthorized immigrants and naturalized citizens).

A related issue is whether children in unauthorized immigrant families are included in estimates of benefits use along with those in legal immigrant families. For example, in chapter 6 of this volume, Ku finds higher rates of no insurance among low-income immigrant families with children than Capps, Fix, and Henderson do in chapter 5. This discrepancy owes at least in part to the fact that Ku includes children of unauthorized immigrants in his analysis and Capps, Fix, and Henderson exclude them.

A second critical choice is the unit of analysis selected: whether benefits use is estimated for the household, family, or individual. Household-level analyses tend to generate higher use rates than individual-level analyses because any household that has at least one individual using a benefit is defined as a household using that benefit. Eligibility, however, is in fact determined for different units depending on the program: families for TANF; households for food stamps; and individuals for SSI, Medicaid, and SCHIP. Thus the unit of analysis that corresponds most closely to real-world eligibility decisions varies widely by program, complicating cross-program comparisons.

A related issue is selecting the study and comparison groups, that is, whether analysts should focus more narrowly on lower income families and individuals. Studies that compare benefits use

among all citizen families versus all immigrant families will find that immigrants' use exceeds that of natives. Part of the explanation is that immigrant families have much lower incomes, which make them more likely to be eligible. Chapters 5 and 6 limit their samples to low-income families, who correspond most closely to families that would meet income eligibility thresholds for means-tested programs.

A third defining choice is the scope of benefits included: whether use is limited to the federal means-tested public benefits defined by PRWORA—the largest of which are TANF, SSI, food stamps, Medicaid, and SCHIP—or whether benefits are conceptualized more broadly to include those not restricted by welfare reform, such as free and reduced-price school lunches. More expansive definitions of benefits yield higher use levels. Throughout this volume we focus more narrowly on the four largest means-tested benefit programs because they were the target of the welfare reform law.

PRINCIPAL FINDINGS

The main findings of the volume focus on several key questions that surround the congressional intent behind the welfare reform law's immigrant eligibility provisions, the implications of the law for equal protection of immigrants under the U.S. Constitution, the validity of welfare reform's goal of reducing the propensity of immigrants to use welfare and hence welfare's magnetic effects, the effects of the immigrant eligibility rules on legal immigrants' access to and use of benefits, and the impacts of the restrictions on the health and well-being of immigrant families and children. Throughout the book, the main theme is the impact of the welfare reform law—both intended and realized—on the integration of immigrants and their children.

Concerns and Values

In chapter 2, Ron Haskins of the Brookings Institution reexamines the congressional intent behind PRWORA and the sources for the law's immigrant restrictions. These included concerns about rap-

idly rising use of SSI by noncitizens—mostly the elderly—during the early 1990s, worries of growing welfare dependence among immigrants alongside the moral hazard that welfare represents, and the substantial savings that cuts in immigrants’ benefits use could generate for the federal government. Haskins argues the restrictions also derived from a strong value-based judgment that even in the absence of means-tested public benefits, legal immigrants enjoy a great bargain in coming to the United States: mostly open access to the labor market, full rights for their mostly U.S.-born citizen children, and access to job-training programs and to the Earned Income Tax Credit for lawfully present working parents with children. He argues further that a strong historical precedent exists for withholding benefits from newcomers for a probationary period, and that the law posed a further fundamental values question: “Do U.S. taxpayers have an obligation to support noncitizens who immigrate to the United States from the moment they arrive in the United States, or does the obligation begin only when the immigrants become citizens?”

At the same time, Haskins points out several abiding concerns that welfare reform’s critics have also noted. One is the asymmetry the law introduced between the obligations of immigrants and the benefits they receive. A second is the cost shift that replacement programs in health and welfare represent between the federal government and the states. A third is the worry that loss of health benefits could endanger the development of immigrant children—an especially vulnerable population and one the nation’s economy will increasingly need.

State Discrimination

As we suggest, the law represented a significant departure not just in federalism but also in the definitions of membership in U.S. society and equal protection under U.S. laws. In chapter 3, Michael Wishnie places welfare reform’s legal-immigrant-eligibility restrictions within the context of developments in constitutional law, federalism, and state and local activism over controlling illegal immigration, and the constant tension in U.S. society between integration and exclusion. After reviewing the surprisingly scant case

law challenging welfare reform's immigrant provisions, Wishnie addresses the central constitutional question the law raises: Does a state's choice to deny lawful permanent residents welfare benefits that it provides to citizens violate the equal protection clause of the Fourteenth Amendment when Congress has authorized, but not required, such discrimination? He concludes that more than a decade after the law's enactment, the question has not been resolved and remains largely unanswered by the courts. There have been comparatively few legal challenges, and the limited judicial results to date point in quite differing and somewhat inconclusive directions.

Wishnie contends that the issue has been largely uncontested in part because surprisingly few states accepted Congress's invitation to restrict eligibility for preenactment legal immigrants. As a result, the "race to the bottom" in terms of restrictions on long-term LPR eligibility that many close observers predicted did not materialize. At the same time, advocacy organizations may have resisted challenging the law in fear that they might draw attention to the benefits that some states were extending to recent LPRs made ineligible for federal assistance by PRWORA. Further, since 2000, the political and legal struggle over the powers of the federal government versus the states to control immigration and shape integration policy has shifted from legal to unauthorized immigrants. This struggle has taken the form of state laws mandating verification of immigrants' authorization to work and agreements between the federal government and state and local law enforcement agencies to enforce immigration laws. The entry of states and even some local governments into immigration enforcement policy may have been foreshadowed by the new powers to discriminate against legal immigrants extended them under welfare reform.

Welfare and Immigration

Do immigrants have a higher propensity to use welfare, and does welfare represent a magnet for further immigration? Does welfare lead to negative acculturation? As Haskins points out in chapter 2, welfare reform was premised on a view that use of public benefits constituted a moral hazard not just for natives but also for im-

migrants. But was that policy model supported—even at the time the law was enacted? How strong were claims that immigrants have a greater propensity to use benefits, grow dependent on them, and that they drive patterns of negative assimilation such as reduced work?

In chapter 4, Jennifer Van Hook of Pennsylvania State University and Frank Bean of the University of California, Irvine, use longitudinal data on the welfare (AFDC) use of immigrant women drawn from Survey of Income Program Participation (SIPP) data for 1990 to 1996—a period that predates welfare reform. To test the welfare magnet theory, the authors focus on how patterns of benefits use and work varied across states with more-or-less generous welfare programs before PRWORA was enacted.

They find that when compared with natives, Hispanic immigrants rely less on welfare in states with more generous welfare programs. They find that before welfare reform, welfare receipt was concentrated among recently arrived rather than longer-term immigrants. Why do immigrants in more generous states fare better than those in less generous ones? The authors suggest that the circumstances that lead immigrants to welfare are different and more temporary than those that lead natives: immigrants are less familiar with the labor market and have less-developed networks outside their own families.

Van Hook and Bean also explore the evidence for and against the negative acculturation hypothesis, by examining AFDC receipt rates and spells (that is, duration of benefit receipt) of immigrants before welfare reform, using the SIPP. They find that AFDC benefits were used less and for a shorter time among longer-term immigrants and those who arrived as children. They find little evidence of long-term welfare dependency among prereform immigrants, and argue to the contrary that AFDC mostly functioned as a form of short-term resettlement assistance.

Van Hook and Bean conclude that the restrictions enacted in 1996 were based on the flawed assumption that the etiology of welfare receipt among immigrants is the same as it is for natives and these restrictions could delay the progress of immigrants, who generally need some initial assistance to help them integrate. The findings in Van Hook and Bean's chapter call into question assumptions about the propensity of immigrants to use benefits,

the validity of the welfare-magnet construct, the moral hazards of welfare receipt among immigrants, and, ultimately, the continuing merits of imposing higher bars on legal immigrant use of means-tested benefit programs.

Public Benefit Use Patterns

How has welfare reform affected immigrants' use of public benefits? How have use patterns varied between the U.S.-born population and legal immigrants? In chapter 5, Randy Capps and Michael Fix of the Migration Policy Institute and Everett Henderson, formerly of the Urban Institute, analyze the use of TANF, SSI, food stamps, Medicaid, and SCHIP by low-income families with children during 1994 and 2004. Low-income families headed by U.S.-born citizens are compared with those headed by legal permanent residents, who were the main target of the law. Comparisons are also made with refugee and naturalized-citizen families whose eligibility for benefits did not change significantly.

Contrary to the received wisdom, Capps, Fix, and Henderson find that even before welfare reform, low-income legal immigrant families' use of TANF and food stamps was lower than that of low-income native families. Second, TANF and food stamp use by LPR families declined markedly after PRWORA, and TANF use continued to decline as late as 2004. Third, the rates of TANF and food stamp use by LPR families remained well below natives' rates through 2004. In light of these findings, it is hard to argue that immigrants have had a greater propensity than natives to use cash welfare or food stamps either before or after welfare reform.

The chapter's findings on Medicaid tell a different story. LPR families used Medicaid more than native families did in 1994, and this use increased over the study period, continuing at a relatively high rate through 2004. But these results can be viewed as the product of several policy successes: the introduction of the SCHIP program, extensive outreach to immigrant families, and broader institutional reforms that expanded access to health care. One important factor contributing to rising Medicaid and SCHIP coverage rates has likely been the emergence of state-funded health insurance programs that cover recently arrived LPRs; these programs

are much more common for Medicaid-SCHIP than for TANF or food stamps (Zimmermann and Tumlin 1999). Nonetheless, despite increases in their Medicaid coverage, low-income LPR and refugee children were almost twice as likely as native-born children to lack health insurance—owing in large part to substantial losses of private insurance, a broad trend felt disproportionately—though not only—by children in immigrant families.

The authors also compare the benefit use of refugee and native-born families. Perhaps the most surprising results can be found among refugees, a population largely protected in welfare reform that receives targeted federal resettlement benefits. Unlike other immigrant populations, refugees are generally eligible for public assistance immediately after they arrive in the United States. Although welfare use among refugees has historically been quite high, by 2004, it had fallen across all programs to levels that were either lower or the same as natives, depending on the program.

Capps, Fix, and Henderson draw a third set of comparisons between native-born citizen families and families headed by naturalized citizens. In theory, PRWORA created incentives for immigrants to naturalize in order to obtain eligibility for public benefits. If this theory were correct, we would expect naturalized immigrants' use of benefits to rise substantially after PRWORA's enactment. Instead, the authors find that low-income naturalized families' benefits use rates for all programs fall below rates for native families—even though the two groups' eligibility does not differ under PRWORA. In short, modest increases in poverty among naturalized citizens did not lead to significant increases in benefits use, and they remained less likely to use public benefits than comparable natives almost ten years after welfare reform.

In chapter 6, Leighton Ku of George Washington University explores changes in noncitizens' use of the two most commonly used means-tested, work-support benefits: food stamps and Medicaid. Ku examines trends in the health insurance coverage of low-income noncitizen children and parents, finding that public coverage through Medicaid and SCHIP dropped for noncitizens overall between 1995 and 2005 and that the proportion of noncitizen children and parents without health insurance rose over the same period. Because the data Ku uses define noncitizens to include both legal immigrants and the unauthorized, some of the

trends he observed may be the result of the growing share of unauthorized immigrants in the noncitizen population. In chapter 5, Capps, Fix, and Henderson focus separately on LPRs and refugees—the two main categories of legal noncitizens. Declining employer and other private health insurance coverage is a trend common to both the LPRs discussed in chapter 5 and the larger population of all noncitizens analyzed in chapter 6.

Impact of Reform

Were welfare reform's impacts confined to the target population of legal immigrants? To what extent did they spill over to protected populations such as citizen children? In his analysis of food stamp eligibility and participation, Ku finds that despite the Farm Bill's restoration of benefits to some noncitizens, their 2004 eligibility rate (that is, the proportion of noncitizens who actually qualified for food stamps) was about one-third below the 1994 eligibility rate. Overall, noncitizen immigrants' food stamp use fell by about 60 percent between 1994 and 2004. He attributes about half of the decrease to eligibility changes and the other half to factors such as economic growth, chilling effects, and declining eligibility for TANF and other programs that serve as gateways to food stamps. Although the eligibility rules did not change for citizen children with noncitizen parents, their participation fell by about one-third—owing entirely to other access issues, such as language barriers and noncitizen parents' fears about FSP participation. Ku finds a rise between 2000 and 2004 in food stamp participation among eligible noncitizen populations, not just as a result of benefit restorations but also program simplification and expanded outreach.

Early Effects on Children

What appear to be the early effects of welfare reform on children with immigrant parents who left the welfare system? One real worry about welfare reform's immigrant restriction—voiced by Ron Haskins—is that the law's mandate and implementation

would lead to poorer health outcomes among the children of immigrants who lost benefits when they or their parents were cut off. Finding these effects and tying them to welfare reform directly is difficult empirically. In chapter 7, Ariel Kalil of the University of Chicago and Danielle Crosby of the University of North Carolina at Greensboro take an important first step in examining the impact of welfare reform on immigrant families using child well-being as their lens. The authors compare the differing health outcomes for children of Latino-immigrant and of Latino-native parents who left welfare after PRWORA was passed. Using a unique longitudinal data set developed by the Project on Human Development in Chicago Neighborhoods (PHDCN), Kalil and Crosby examine changes in the health outcomes of children in Chicago from 1995 to 1998.

They find that the Latino preschool-age children of immigrants in families that left TANF “fared significantly worse in terms of their health” than children with native-born Latino parents who left welfare. Postwelfare economic circumstances of immigrant versus native households cannot explain the differential in health outcomes because the Latino immigrant families studied were not appreciably worse off financially than their native counterparts. Kalil and Crosby’s findings also suggest that Latino children of immigrants whose parents left TANF fared worse than children of immigrants whose parents remained eligible for and continued participating in the program. Although the chapter’s findings are not definitive, they offer a cautionary signal on the impacts of restricting access to health and other public benefits for children in immigrant families, especially younger children who are at a critical stage in their development. The findings again call into question the degree to which immigrant restrictions are promoting the integration of immigrant families and children into the U.S. economy and society.

CONCLUSION

The papers collected in this volume make clear that the goals of the framers of welfare reform’s immigrant provisions were partially met. Consistent with the expectations of the framers, cash welfare and food stamp use among low-income legal immigrants

fell sharply over the decade following reform. The declines were partly the product of PRWORA's restrictions on program eligibility but also partly the product of other access barriers, as well as a strong economy that improved economic conditions for native and immigrant families alike. At least initially, declines coincided with a drop in poverty among all legal-immigrant populations through 2000. Food stamp use rebounded somewhat, however, after federal restorations, and participation in federal health insurance programs for low-income families rose.

However, some of the data present worrying trends. Young children of immigrant Latino welfare leavers in Chicago had poorer health outcomes than welfare stayers. Food stamp participation fell among citizen children with noncitizen parents nationally. Low health-care coverage persisted among low-income children in refugee and other legal-immigrant families, and about half of low-income noncitizen parents and noncitizen children are uninsured—more than twice the rates for comparable native-born populations.

Further, the results reported in this volume provide little support for some of the most frequently voiced worries about the nature and consequences of immigrants' use of benefits: a propensity toward dependency, a magnetic attraction of immigrants toward states with generous eligibility rules, and negative acculturation toward welfare and away from work. Put simply, the authors do not find that welfare represents or represented the kind of moral hazard that so concerned policymakers when welfare reform was enacted.

Viewed through a federalism lens, PRWORA's enactment has sparked a patchwork of immigrant-integration policies that differ widely across the states—with policy divisions widening even more when it comes to unauthorized immigrants. These trends leave us with a more uneven national landscape in regard to immigrants and integration than we have seen since the federal government enacted national immigration laws for the first time.

The benefits use and other trends described in this volume, in turn, raise the question whether these fragmented policies are good vehicles for carrying us forward in the twenty-first century. To what extent will the devolution of policies regarding immigrants' benefits eligibility, membership, and basic rights to the states affect the pace of immigrants' settlement decisions and the relative pace of their integration? Welfare reform did not set off a

race to the bottom in terms of legal immigrants' eligibility for public benefits. However, PRWORA's progeny—state and local restrictive ordinances and enforcement activities aimed at unauthorized immigrants—may have wide-ranging consequences for immigrant integration in the future.

Here the significance of recent research findings regarding the importance of the climate of reception becomes clear (Van Hook, Brown, and Bean 2006). If, as they suggest, more-generous rather than less-generous benefit policies promote higher employment levels and better economic integration, then states with such policies, including California, Illinois, Maine, Massachusetts, and New York, may find economic and social rewards down the road, as immigrants integrate and become productive, taxpaying citizens. Van Hook, Brown, and Bean's findings may also mean that the proxy policy of substituting benefits restrictions for comprehensive legislation to restrict or alter immigration flows may, in the end, be counterproductive.

In light of these findings and assertions, perhaps we should follow the policy model suggested by Hiroshi Motomura (2006) and promote integration by extending full benefit access to legal immigrants at the time of their arrival (or adjustment) in return for their pledge to eventually become citizens. In short, we would make them better citizens by treating them like citizens sooner.

NOTES

1. Further evidence of the weak support for immigrant integration can be seen in declining federal spending on English language acquisition programs at the elementary and secondary level and for adult English language learners (see Gelatt and Fix 2007).
2. In 1996, at the time the law was enacted, 65 percent of low-income immigrant families with children were two-parent families versus only 40 percent of native families. Eighty percent of working-age men in low-income immigrant families were in the labor force versus 70 percent for men in native families.
3. The threshold for the poverty level in 2009 was \$18,310 for a family of three, and higher for larger families but lower for smaller families (see Center for Medicare and Medicaid Services 2009a).

4. Qualified aliens retained eligibility without conditions for a broad range of other federal programs such as Social Security, Pell Grants for higher education, and the Earned Income Tax Credit, which we do not analyze here.
5. The poverty thresholds are defined, in part, on the basis of family size. For assessing the sponsorship criteria, the threshold is based on the numbers of adults and children in the combined families of the sponsored immigrant and the sponsor, thus increasing the amount of income required of the sponsor.
6. In December 2006, the Justice Department was sued by disabled refugees who had been in the United States for more than seven years and were threatened with the loss of their SSI and Medicaid benefits. The loss of benefits owed to the failure of the Department of Homeland Security to process the plaintiffs' naturalization or legal permanent resident applications in a timely manner. *Kaplan v. Chertoff*, Civil Action No. 06-5305 (E.D. PA) was settled with the government agreeing to rapidly process the citizenship applications. Hence no change in the time limits was made. In August 2008, the U.S. Senate joined the House in passing legislation that provides an additional two years of eligibility to "humanitarian immigrants" approaching the seven-year time limit (see Wiley 2008).
7. The Deficit Reduction Act of 2006 (Public Law 109-171) requires states to obtain "satisfactory documentary evidence of an applicant's or recipient's citizenship and identity in order to receive Federal financial participation."
8. George Borjas found that outside of California, the decline in immigrant use of Medicaid and SSI was negligible and that of cash welfare and food stamps was relatively modest after PRWORA's passage (2001). These patterns led Borjas to attribute the decline in immigrant use of public assistance to the chilling effect of Proposition 187 enacted in California in November 1994, which restricted benefits for unauthorized but not legal immigrants, rather than PRWORA. Other studies have generally found more substantial declines in immigrants' benefits use outside of California since PRWORA was enacted.

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