



# The Myth of the Government-Dependent Immigrant

## Poor Noncitizens Use Public Benefits at Much Lower Rates Than Poor Citizens

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### Executive Summary

Poor immigrants use public benefits at significantly lower rates than poor citizens. This is a finding that has been independently and repeatedly demonstrated in the U.S. context by researchers across the ideological spectrum, from the [Cato Institute](#) to the [Center for American Progress](#). In this short paper, we confirm it again using the latest available data. Our findings include:

- Low-income noncitizens use SNAP, SSI, and TANF at substantially lower rates, and in substantially smaller quantities, than citizens.
- This is true of households that are in theory fully eligible for programs due to the presence of citizen children.
- Medicaid and CHIP participation is broadly similar between citizens and noncitizens; however, a much larger number of noncitizens have no health insurance at all.

The key reasons low-income noncitizens are less likely to access public benefits include tight restrictions on eligibility and confusion about what benefits are available. Nonetheless, the misconception that noncitizens make disproportionate use of public benefits remains widespread. At the very least, as a popular myth it ought to be avoided as the premise for public policy.

## Introduction

The notion that immigrants come to the United States to access public programs has become something of a popular myth. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), better known as welfare reform, introduced a five year ban on lawful immigrants using public benefits with very few exceptions, like refugees and asylees. This helps ensure new immigrants are net fiscal contributors to the U.S. Treasury — another fact which empirical studies consistently confirm. Undocumented immigrants are ineligible for public benefits.

Yet some myths are harder to correct than others. Indeed, members of the current White House appear to hold the same misconceptions, as revealed most recently in a draft executive order from January 2017 which claims "households headed by aliens are much more likely than those headed by citizens to use Federal means-tested public benefits." No citation is provided.

Opponents of immigration have often tried to obscure the low welfare utilization of immigrants by focusing on aggregate use rates, ignoring the fact that noncitizen median income is roughly 67% of the median citizen's income.<sup>1</sup> Comparisons that fail to control for income are thus inherently misleading.

For this report, we compared the rates of public benefit use between citizens and noncitizens below 200% of the poverty line. Data are drawn from the 2015 and 2016 Current Population Surveys. For some programs the CPS asks about persons, while for others it asks about whole households. For this latter group, we can estimate the number of individuals in households receiving benefits, and whether they are home to noncitizens, but not who within the household is the specific recipient. In other words, household numbers also count cohabitants who are either non-recipients, citizens, or both.

Household surveys like the CPS are known to understate participation rates in public programs, particularly at the low end of the income distribution. We make no attempt to correct for this form of response bias, as our purpose is to compare subgroups. This requires the reasonable assumption that the response biases of citizens and noncitizens are similar.

### SNAP

The Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps, provides low-income households assistance in affording groceries, and is an important pillar of the U.S. safety net. SNAP benefits are delivered via an electronic benefit transfer card. This helps ensure funds are received by valid households which, generally speaking, have a gross income at or below 130% of the poverty line.

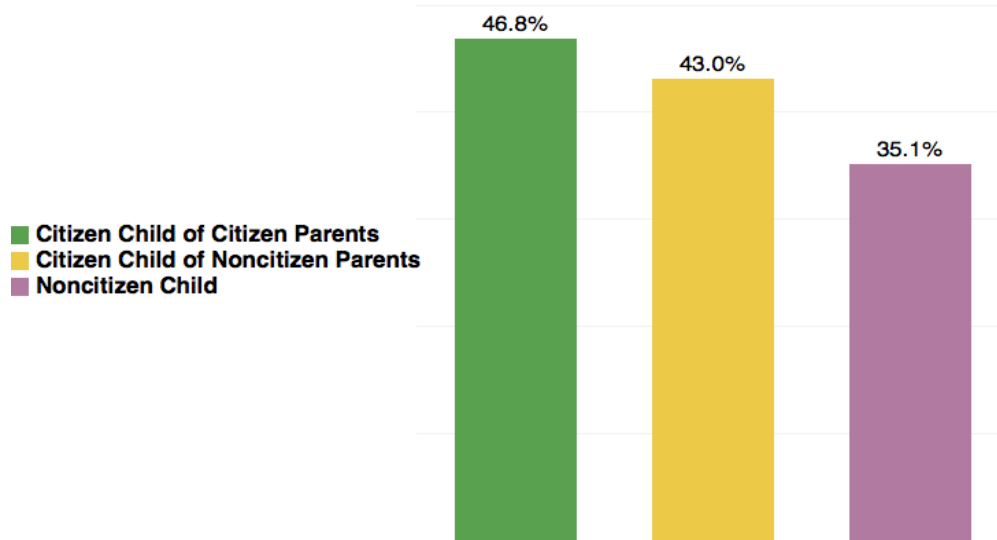
Noncitizen participation rates in SNAP are particularly illustrative of the lower benefit utilization of noncitizens given that, more than any other federal means-tested program, an effort has been made to relax the restrictions on immigrant eligibility originally imposed by PRWORA. For example, under current rules eligible noncitizens can bypass the five year ban from date of entry if they have children under the age of 18, are blind or disabled, have a military connection, or

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<sup>1</sup> Author's calculations.

have worked for 40 qualifying quarters. Nevertheless, only 35.1% of low-income noncitizen children are members of a low-income household receiving SNAP, compared to 46.8% for the native-born. Citizen children of noncitizen parents also tend to participate in SNAP at a lower rate.

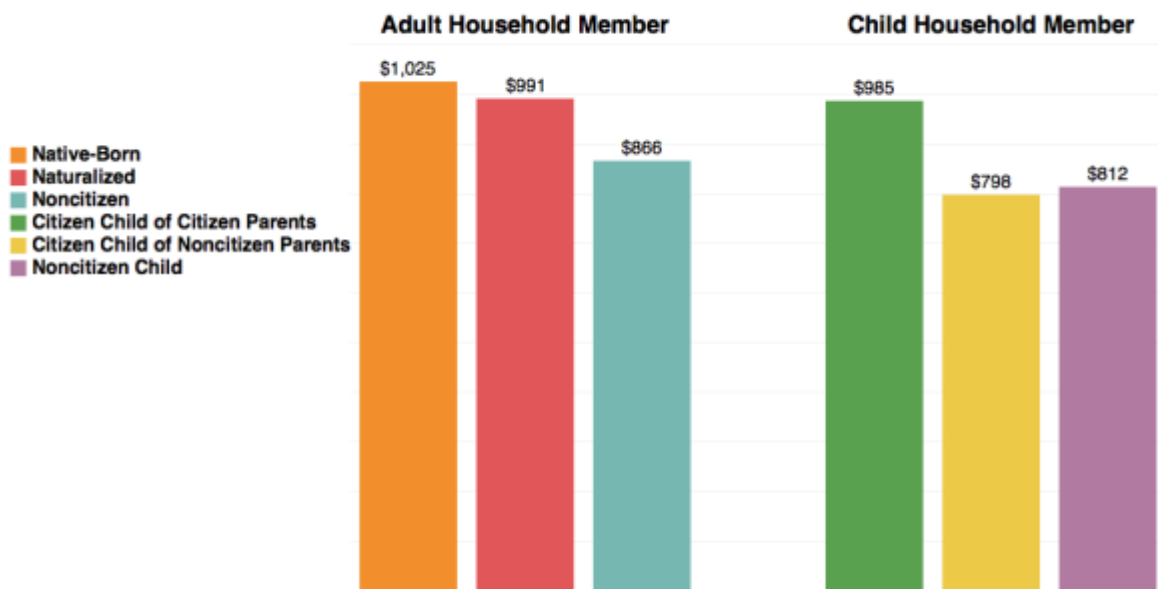
### Member of a Household Receiving SNAP Benefits, Low-income, Children, 2014



Source: Analysis of 2015 Current Population Survey data



### Average Annual SNAP Benefit Value per Household Member, Low-income, Adults and Children, 2014



Source: Analysis of 2015 Current Population Survey data



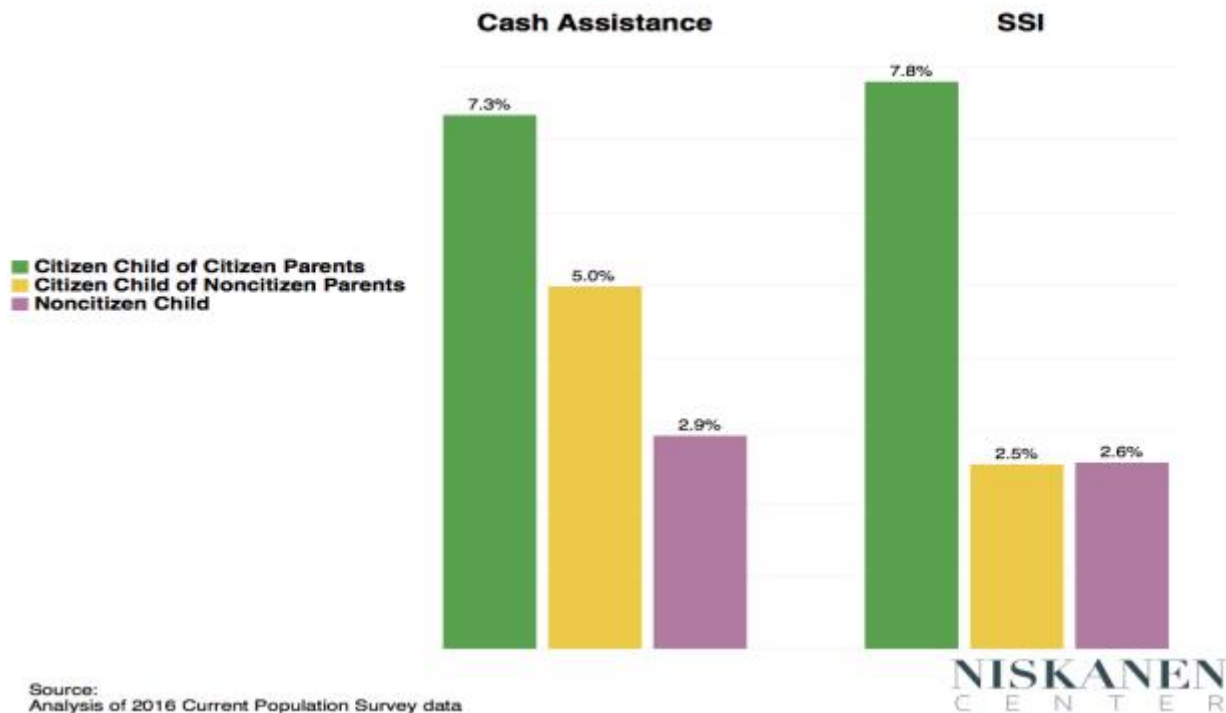
In dollar terms, low-income noncitizen adults and children receive less on average in annual SNAP benefits compared to low-income naturalized citizens and the native-born. The gap is most pronounced for citizen children of noncitizen adults, who receive \$798 in value per year on average, compared to \$985 for citizen children of citizen parents — nearly 20% less in nutritional assistance. In theory, both groups ought to be eligible for equal amounts, suggesting noncitizen headed households are less aware of the benefits available to them.

### Cash Assistance

Cash assistance programs like Temporary Assistance for Needy Families (TANF, hereafter “cash assistance”) and Supplemental Security Income (SSI) are even less utilized by noncitizens than SNAP. Noncitizen eligibility for cash assistance programs is highly restricted. In addition to the 5-year ban from date of entry, an immigrant who accesses cash assistance risks being declared a “public charge,” a term that refers to immigrants who become primarily dependent of the government for subsistence. This is grounds for deportation. Moreover, due to some confusion over how it is enforced, immigrants can be dissuaded from accessing a program like SSI even when they have lived and worked in the U.S. long enough to technically become eligible.

Only 2.9% and 2.6% of individuals in low-income households with noncitizen children receive cash assistance and SSI respectively, compared to 7.3% and 7.8% for households with citizen children and citizen parents. Citizen children of noncitizen parents receive substantially less income support than their peers with citizen parents, as well.

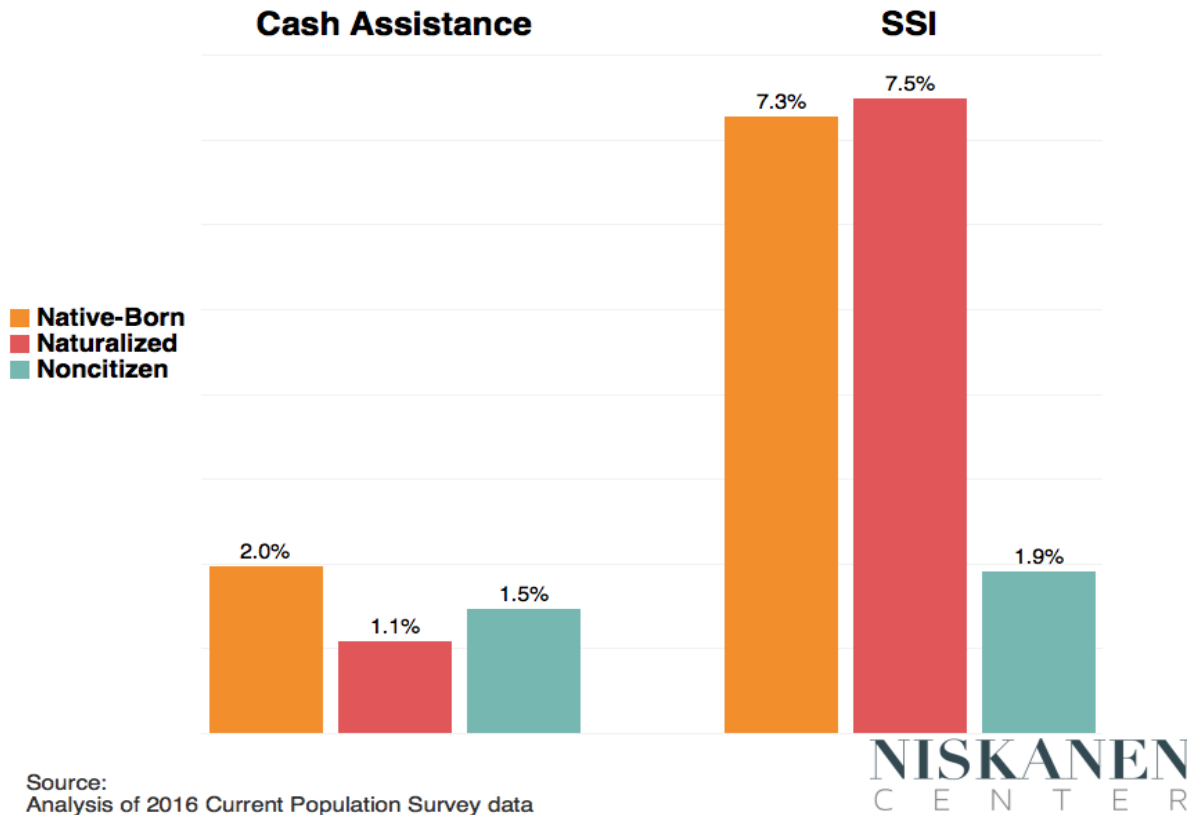
**Member of a Household Receiving Cash Assistance or SSI, Low-income Children, 2015**



Considering adults only, participation in cash assistance programs is low across all groups, betraying the long run erosion of TANF’s relevance to the U.S. welfare system. Meanwhile, 7.3% of low-income native-born adults participate in SSI, compared to only 1.9% for low-income

noncitizen adults. Naturalized citizens, who are shielded from any accusation of being a public charge, participate in SSI at similar rates as natural-born citizens.

**Receive Cash Assistance or SSI, Low-income Adults, 2015**

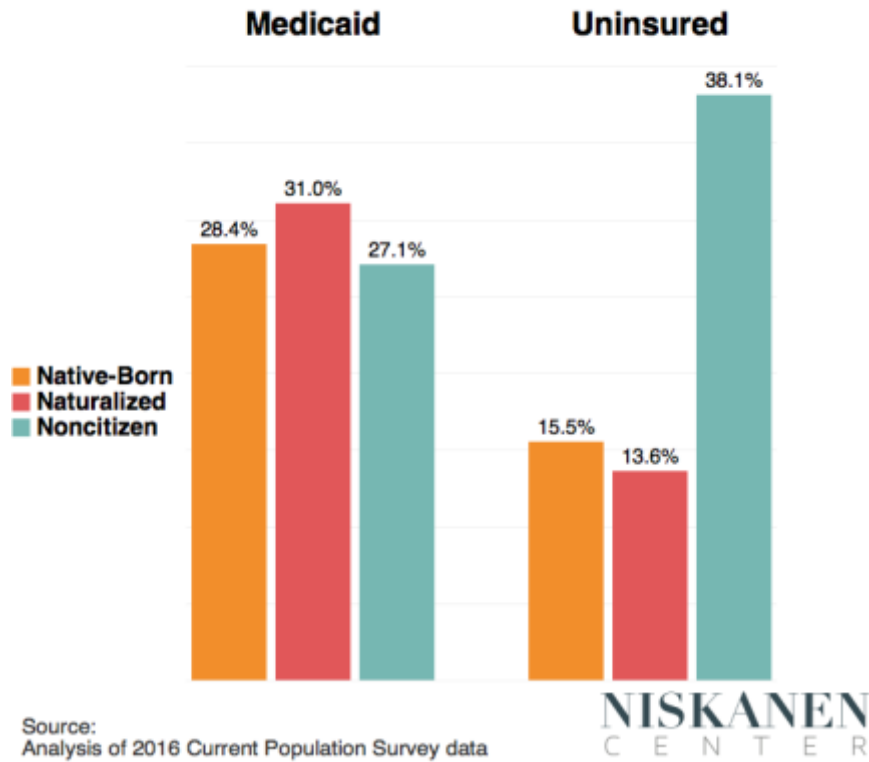


**Medicaid and CHIP**

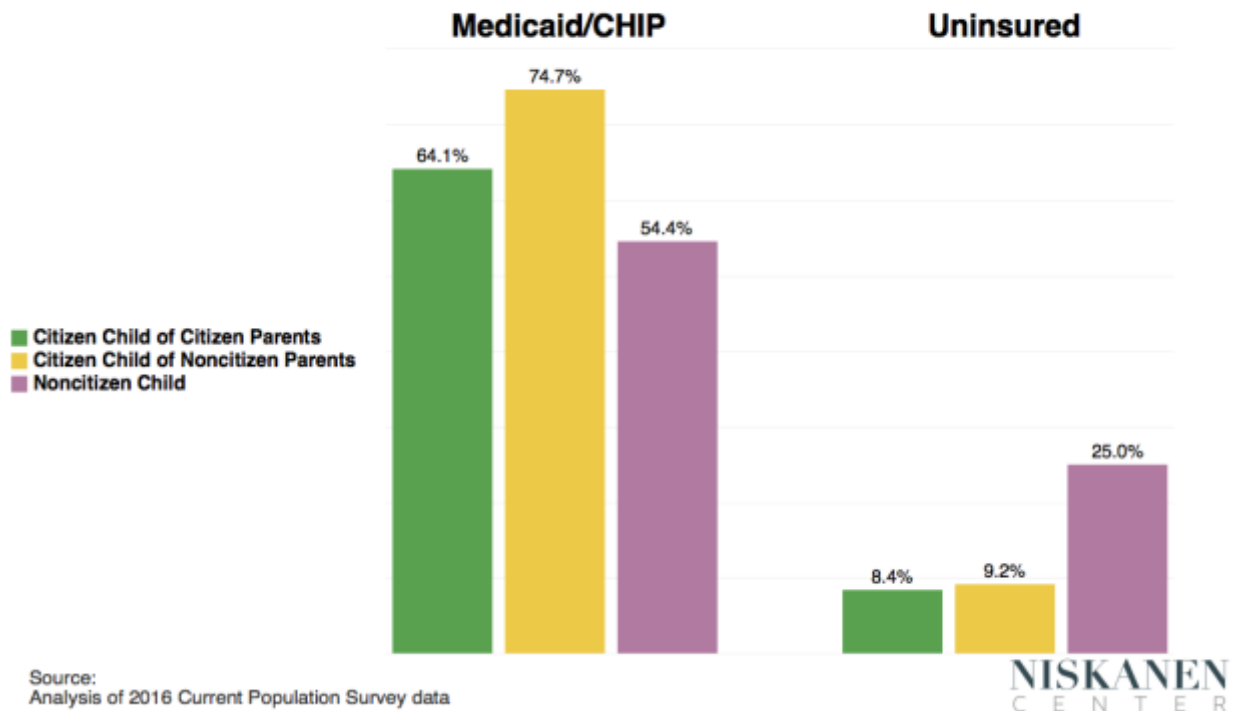
Medicaid utilization is comparable among low-income adults who are native-born, naturalized citizens and noncitizens. However, noncitizens have a much higher uninsurance rate overall, suggesting a substantial gap in access to health insurance coverage. This is despite the fact that, in general, lawfully present immigrants are eligible for coverage through the Affordable Care Act’s Health Insurance Marketplaces. This may be due to limited governmental effort directed at enrolling noncitizens, restrictions on noncitizen access to Medicaid leaving them in a coverage gap, or barriers to employment and thus employer provided insurance.

For the Children's Health Insurance Program (CHIP), low-income noncitizen children are both the least likely to participate and the most likely to be uninsured. This is despite the fact that the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 gave states the option of using Medicaid and CHIP to cover eligible noncitizen children and pregnant women regardless of their date of entry. This is currently the practice in 29 states and D.C.

### Health Insurance Coverage for Low-Income Adults 19 or Older, 2015 (below 200 percent of poverty line)



### Health Insurance Coverage for Low-Income Children 18 or Younger, 2015 (below 200 percent of poverty line)



## Conclusion

Low-income noncitizens utilize public benefits at substantially lower rates, and in substantially smaller amounts than their native-born and naturalized counterparts. Citizen children living with noncitizen parents are less likely to benefit from programs like SNAP even when they are, in theory, fully eligible. Very few noncitizens receive any form of cash assistance through programs like TANF or SSI. Noncitizens access Medicaid and CHIP at broadly similar rates, while being much more likely to be uninsured. It appears existing restrictions simply make it much harder for noncitizens to access public benefits.

The finding that noncitizens are less dependent on government assistance than their citizen peers has been reproduced by researchers across the ideological spectrum. Studies which suggest otherwise should be read carefully for misleading practices like failing to control for income. Nonetheless, the notion that noncitizens make disproportionate use of public benefits remains widespread. At the very least, as a popular myth it ought to be avoided as the premise for public policy.