

DEPARTMENT OF HEALTH SERVICES

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SACRAMENTO, CA 94234-7320
(916) 657-1425



December 7, 1998

Ms. Doris Meissner, Commissioner
U.S. Department of Justice
Immigration and Naturalization Service
425 I Street, NW
Washington, DC 20536

Dear Ms. Meissner:

We are writing once again to request your immediate assistance in gaining clarification of the Immigration and Naturalization Service (INS) policy on an issue of vital importance to the State Children's Health Insurance (S-CHIP) and Medicaid programs nationwide. This issue is public charge. The INS' failure to issue clear and unambiguous policy on public charge is resulting in fewer children being enrolled in these vital health programs. While we are sure this is not your intent, your agency's lack of action has become a major impediment to our outreach efforts.

As you are aware, the State of California for over six months has sought clarification from INS on immigration issues that have been identified as barriers to the enrollment of children in the State's Medicaid program (called Medi-Cal in California) and California's S-CHIP (known as the Healthy Families Program). We have enclosed a chronology of the State's efforts to work with the INS to clarify INS' definition and policy on the issue of public charge. In each of these interactions, the State has made clear the barrier public charge presents to some families' enrollment of their children in Medi-Cal or the Healthy Families Program. Further, in each case, the State has emphasized the need for clear statements of INS public charge policy.

Given the urgency of these issues and our mutual interest in maximizing the rapid enrollment of eligible children, we are disheartened by the failure of INS to provide clear written policy on these immigration issues and to assure that the policy is communicated to all appropriate field offices. As an example of INS' unresponsiveness, we have enclosed your staff's response to the State's October 6, 1998 letter to you regarding the specific question of the public charge implications for alien parents of the lawful receipt of Healthy Families Program benefits by their alien children. As you can see, INS' response addressed the alien parents of citizen children.

California is home to the Nation's most diverse population. Over 60 percent of the children eligible for California's S-CHIP program are Latino; 18 percent are white; 11 percent are Asian American; and 9 percent are African-American. Many eligible children live in families in which one or more members are immigrants to the United States or are considering the sponsoring of family members for immigration to the United States. Community leaders, policy

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makers, outreach workers, and the media have all identified the INS' lack of clarity on the issue of public charge as a barrier to the enrollment of eligible children. Given INS' lack of policy direction, the State instead has been asked to provide clear, straightforward information to families regarding immigration policy as it relates to our S-CHIP program.

We have enclosed for your review draft documents that contain information on immigration issues that are of concern to potential applicants and which reflect the policy articulated in your letters as it relates to citizen children. While these documents are not sufficient to address the concerns of all families considering applying to our S-CHIP and Medicaid programs, they do reflect our understanding of the limited information issued to date. We would appreciate your review of these documents for their consistency with INS policy and again ask for INS to issue comprehensive guidance and response to the following questions:

1. Will the receipt of Medi-Cal or Healthy Families benefits by United States citizen children of alien parents result in a finding that the parents are a public charge?
2. Would health care benefits ever be considered the sole source of support for a family?
3. Will the receipt of Medi-Cal or Healthy Families benefits by an alien child be attributed to the alien parent or other family member for public charge purposes?
4. Will the receipt of Medi-Cal or Healthy Families benefits by aliens who are seeking an adjustment of status (or who may seek an adjustment in the future) lead to a finding that the alien is a public charge?
5. What constitutes fraudulent receipt of benefits in the view of the INS?
6. Will the receipt of Medi-Cal or Healthy Families benefits by a citizen or an alien prevent or be used as a factor to prevent the potential sponsorship by the parent or family member or another family member trying to enter the United States? Would the answer be the same if only children had received benefits?
7. What steps will the INS take to assure that its public charge policy is communicated to all appropriate field offices?

Having moved forward with a number of Healthy Families Program changes in recent weeks, including a dramatically shortened application, California believes the single largest outstanding barrier to enrollment of children is ambiguous federal immigration policy. We therefore request a response from INS to clarify these immigration issues as soon as possible.

Ms. Doris Meissner

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The net effect of INS' unresponsiveness and the absence of clear and unambiguous policy on public charge is fewer eligible children receiving needed health care through the Healthy Families Program or Medi-Cal.

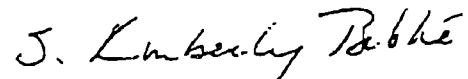
Clear direction from the INS is the best course of action, and we, therefore, request the INS' response by December 28, 1998. In the absence of such feedback, we are prepared to issue documents based on what we know at that time.

If you have any questions regarding these request, please contact Ms. Sandra Shewry, Executive Director, Managed Risk Medical Insurance Board, at 916-324-4695 or J. Douglas Porter, Deputy Director, Medical Care Services, California Department of Health Services, at 916-654-0391.

Sincerely,



Cliff Allenby, Chair
Managed Risk Medical Insurance Board



S. Kimberly Belshé, Director
Department of Health Services

Enclosures

cc: The Honorable Pete Wilson
Governor
State Capitol
Sacramento, CA 95814

The Honorable Gray Davis
Governor Elect
State Capitol
Sacramento, CA 95814

The Honorable Diane Feinstein
United States Senate
331 Hart Senate Office Building
Constitution Avenue 2nd Street, NE
Washington, DC 20510-0504

Ms. Doris Meissner

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cc: The Honorable Barbara Boxer
United States Senate
112 Hart Senate Office Building
Washington, DC 20510-0505

The Honorable William M. Thomas, Chair
House Subcommittee
House Committee on Ways and Means
House of Representatives
2208 Rayburn
Washington, DC 20515-0521

The Honorable Pete Stark, Chair
House Committee on Ways and Means
House of Representatives
239 Cannon
Washington, DC 20515-0513

The Honorable Antonio Villaraigosa
Speaker of the Assembly
State Capitol, Room 219
Sacramento, CA 95814

The Honorable John Burton
President pro Tempore
Member of the Senate
State Capitol, Room 205
Sacramento, CA 95814

Ms. Sandra Shewry
Executive Director
Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814

Mr. J. Douglas Porter
Deputy Director
Medical Care Services
California Department of Health Services
714 P Street, Room 1253
Sacramento, CA 95814

DRAFT

December, 1998

To: Persons Interested in the Medi-Cal for Children and Pregnant Women Program

Re: Immigration Related Policies of Medi-Cal for Children and Pregnant Women Program

Enrollment

All families are encouraged to enroll their eligible children in the Medi-Cal for Children Program. Pregnant Women are also encouraged to enroll.

No matter what your immigration status you may be eligible for some level of Medi-Cal coverage if you meet other eligibility requirements.

Collection and Sharing of Information on Immigration Status

Medi-Cal requests information on immigration status only about the person who wants to receive benefits. The information is sought to be sure that a person is eligible for the program. There are only two circumstances in which this information could be given to the Immigration and Naturalization Service: to verify eligibility and in the course of conducting a fraud investigation.

Repayment of the Costs of Lawfully Received Benefits

Medi-Cal will make no requests of the beneficiary for repayment of any of the costs of lawfully received benefits under Medi-Cal.

INS Determination of Public Charge

Medi-Cal has received requests from many organizations asking for clarification of whether immigrant families should fear actions by the INS if they enroll their children in Medi-Cal. These fears are based on the possibility of the INS determining that a member of the family is a "public charge."

The potential to become a public charge is one of many factors considered by the INS, U.S. State Department, and immigration judges when deciding whether to approve a variety of requests by non-citizens and sponsors of non-citizens. Such requests include application to become a permanent resident, application by a resident of another country for a temporary or permanent visa to enter the U.S., re-admission of a lawful permanent resident who has been out of the U.S. for more than 6 months, and application to become a sponsor of a non-citizen.

If you are applying for yourself or a child, you should not be concerned about being determined a public charge under the following circumstances:

- Your child is applying for benefits and is an U.S. citizen. The INS has stated that public charge does not apply to parents of citizen children applying for, or receiving public benefits.
- You are a lawful permanent resident who has been in the U.S. continuously for five or more years at the time you apply for Medi-Cal.
- You are applying to become an U.S. citizen.
- You are applying for asylum or are a person granted asylum or a refugee.
- You are a registry applicant (a person who has been in the U.S. continuously since before 1972).

If you are applying for yourself or a child, you should be concerned under the following circumstances:

- You are a citizen or lawful permanent resident who is petitioning to sponsor a family member who wants to immigrate. You may have trouble having the INS or the State Department accept your affidavit of support because of past receipt of public benefits.
- You are an alien parent applying for an alien child.

We have asked the INS for clear written policy on these issues.

The Immigration and Nationality Act contains many exceptions to the general rules. The INS looks at each case individually. If you are a non-citizen, you should consider talking with a legal services agency that knows about immigration issues prior to applying for or taking public benefits.

DRAFT

December, 1998

To: Persons Interested in the Healthy Families Program

Re: Immigration Related Policies of the Healthy Families Program

This letter is designed to help families understand the relationship of immigration issues and the Healthy Families Program.

Eligibility & Enrollment

All families are encouraged to enroll their eligible children in the Healthy Families Program.

Children eligible for the Healthy Families Program include:

- U.S. citizen and non-citizen national children, and
- Qualified alien children.

In general, qualified alien children are those legal immigrant children who entered the U.S. prior to August 22, 1996.

Legal immigrant children who entered the country after August 22, 1996 are not eligible for the Healthy Families Program until they have been in the United States for five years. There are several exceptions to the five-year rule. These exceptions are listed in the Healthy Families Program Handbook. For more information on Healthy Families Program eligibility, please call toll free 800-880-5305.

Collection and Sharing of Information on Immigration Status

Children: The Healthy Families Program requests information on the citizenship and immigration status of children applying to the program. This information is collected to be sure that children are eligible for the program. There are only two circumstances in which this information could be given to the Immigration and Naturalization Service (INS) - to verify the eligibility of immigrant children, and in the course of conducting fraud investigations.

Parents: The Healthy Families Program does not collect information on the parents of children enrolled in the program. Parents (or others) applying for Healthy Families Program benefits on behalf of a child are not asked to provide any citizen or immigration related information.

The Healthy Families Program does not collect information on the immigration status of parents. The Healthy Families Program can not and will not provide information on the immigration status of parents to the INS.

Repayment of the Costs of Lawfully Received Benefits

The Healthy Families Program will not ask families for repayment of any of the costs of lawfully received benefits under the Healthy Families Program.

INS Determinations of Public Charge

The Healthy Families Program has received requests from many organizations asking for clarification of whether immigrant families should fear actions by the INS if they enroll their children in the Healthy Families Program. These fears are based on the possibility of the INS determining that a member of the family is a "public charge".

The potential to become a public charge is one of many factors considered by the INS, US Embassy staff, and immigration judges when deciding whether to approve a variety of requests by non-citizens and sponsors of non-citizens. Such requests include: application to become a permanent resident, application by a resident of another country for a temporary/permanent visa to enter the U.S., readmission of a lawful permanent resident who has been out of the US for more than six months, and application to become a sponsor of a non-citizen.

You should **NOT** be concerned about public charge, if:

1. Your child is a citizen. The Immigration and Naturalization Service (INS) has stated that public charge does not apply to parents of citizen children applying or receiving Healthy Families Program benefits.
2. You or your child are lawful permanent residents and in the U.S. continuously for five or more years at the time you apply for the Healthy Families Program.

3. You are applying to become an U.S. citizen.
4. You are applying for asylum or have been granted asylum or are a refugee.
5. You are a registry applicant (a person who has been in the U.S. continuously since before 1972).

You should be concerned about public charge, if:

1. You are an U.S. citizen or lawful permanent resident who is sponsoring a family member who wants to immigrate.
2. You are an immigrant parent applying for an immigrant child.

We have asked the INS for clear written policy on these issues.

The Immigration and Naturalization Act contains many exceptions to the general rules. The INS looks at each case individually. If you are not an U.S. citizen, you should consider consulting with a legal services agency that knows about immigration issues prior to applying for or taking public benefits.

Chronology of Contacts with the United States Immigration and Naturalization Service on Public Charge Issues

May 14, 1998: Immigration and Naturalization Service (INS) public charge policy announced by Jane Arellano, Assistant District Director for Adjudication, INS, at meeting hosted by Community Health Councils Inc. in Los Angeles.

May 19 and June 9, 1998: Gloria Molina, Supervisor, County of Los Angeles, sends letter to Doris Meissner, Commissioner, INS, requesting clarification of public charge policy.

June 5, 1998: Letter to Jane Arellano from Doug Porter, Deputy Director, Medical Care Services, Department of Health Services (DHS) requesting clarification of comments made at the May 14 meeting.

- Will or will not the receipt of federal means tested program benefits (including Medicaid) by aliens who are seeking an adjustment of status (or who may seek an adjustment in the future) lead to a finding that the alien is a public charge unless those benefits are fraudulently obtained?
- Will or will not the receipt of federal means-tested program benefits by U.S. citizen children of alien parents result in a finding that the parents are a public charge unless those benefits are fraudulently obtained?
- What constitutes fraudulent receipt of benefits in the eyes of the INS?

July 22, 1998: Doris Meissner, Commissioner, INS, responds to Gloria Molina's May 19 and June 9, letters. Response advises that the INS is engaged in interagency discussions regarding public charge issues and at conclusion, comprehensive guidance will be issued by INS field offices. Response states that it has been INS policy for many years that the receipt of benefits by an Alien's U.S. citizen child is not attributed to the alien parent or other family members for public charge purposes unless those benefits were the sole means of support of the family. DHS receives copy of letter.

September 9, 1998: Doris Meissner responds to letter from Lark Galloway, Community Health Councils, Inc. Same letter as sent to Gloria Molina except also advises on new affidavit of support rules pertaining to persons seeking to immigrate to the U.S. DHS receives copy of letter.

September 1998: Legal Counsel in DHS, has telephone conversation with Regional Counsel for INS. Requested clarification on public charge issues. INS Regional Counsel had no response and referred DHS Legal Counsel to Washington.

September 30, 1998: Richard Rogers, District Director, INS, responds to Doug Porter's June 5, letter. Same letter as sent to Lark Galloway.

October 6, 1998: Letter to Doris Meissner from Cliff Allenby, Chair, MRMIB. Requests written definitive answers to the following:

- Will the receipt of HFP benefits by an alien child be attributed to the alien parent or other family member for public charge purposes?
- Will the receipt of HFP benefits by any child prevent the potential sponsorship by the parent or a family member of another family member trying to enter the United States?

October 9, 1998: DHS, Director; DHS, Chief Deputy Director; and legal staff meet with the INS in Sacramento.

October 12 and following: As follow up to the October 9, meeting, numerous phone calls and messages are left with the INS. As of this date, no calls or message have been returned.

October 16, 1998 (approximately): DHS Legal Counsel e-mailed note to INS requesting clarification of comments found on INS web site regarding consideration of health benefits in review of sponsorship applications. No response has been received to date.

October 20, 1998: Lark Galloway, Community Health Councils, Inc., sends second letter to Doris Meissner requesting clarification on the application of public charge policy to the receipt of health care benefits by a U. S. citizen child, a legal immigrant child, and the impact on sponsorship.

October 30, 1998: Letter from Rosemary L. Melville, Acting District Director, INS, in response to Cliff Allenby's October 6 letter. Incomplete response to questions asked in original letter.

November 16, 1998: Kim Belshé and Sandra Shewry, Executive Director, Managed Risk Medical Insurance Board (MRMIB) meet with Grantland Johnson, from Health and Human Services, to discuss, among many Healthy Families program issues, federal immigration policy and its impact on program enrollment.

November 20, 1998: Robert Bach responds to Lark Galloway's letter to Doris Meissner. Mr. Bach advises that the INS is currently engaged in internal discussions on public charge issues and will be issuing guidance at the conclusion of the discussions.



News Release

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

NUMBER: 107-98
 FOR RELEASE: IMMEDIATE
<http://www.dhs.ca.gov>

DATE: December 7, 1998
 CONTACT: Carla Agar
 (916) 657-3064

STATE HEALTH OFFICIALS SEEK IMMEDIATE POLICY CLARIFICATION FROM THE IMMIGRATION AND NATURALIZATION SERVICE TO BOOST ENROLLMENT IN STATE HEALTH PROGRAM

Public Charge Issue Seen as Major Barrier to Enrollment into the Healthy Families Program

SACRAMENTO – In their continuing efforts to increase the number of children enrolled in California's Healthy Families Program, state health officials today requested for the seventh time since last May immediate clarification from the Immigration and Naturalization Service (INS) regarding its policy on public charge.

"We have heard consistently and clearly that some parents will not enroll their children in the Healthy Families Program for fear that the insurance benefits would be considered a public charge against them by the INS," said Cliff Allenby, chairman of the Managed Risk Medical Insurance Board (MRMIB), the agency responsible for the program.

"To the extent that it is a shared goal with the federal government to enroll as many children as quickly as possible into the program, and I believe it is, we must have a clear, unambiguous response from the INS so that we can quell the fears of parents who want to provide health care for their children," Allenby added.

A letter to Doris Meissner, Commissioner of the INS, signed by Allenby and state health director, Kim Belshé, points out that the State of California for more than six months has sought clarification from the INS on immigration issues that have been identified as barriers to enrollment and attaches a chronology of communications between the two entities.

"We are dismayed and disheartened by the failure of the INS to provide clear written policy on immigration issues as they relate to the Healthy Families Program and Medi-Cal for Children," said Belshé. "Because of their unresponsiveness to our concerns and questions, thousands of California children are not getting the health care they deserve."

"We have moved forward in recent weeks with several major changes in the program, including dramatically shortening the application form and increasing outreach efforts to a variety of ethnic communities, in order to boost enrollment," said Belshé. "I firmly believe that the single largest outstanding barrier to enrollment of children is the federal immigration policy."

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California is home to the nation's most diverse population. More than 60 percent of the children eligible for the Healthy Families Program are Latino; 18 percent are white, 11 percent are Asia and 8 percent are African American. Many children live in families in which one or more members are immigrants to the United States or are considering sponsoring family members for immigration into the United States.

To date, the INS has provided written clarification that the lawful receipt of benefits by a citizen child will not have a public charge impact upon their alien parents, but has been silent regarding the impact to alien parents of alien children and on sponsorship of family members into the United States. INS' response to the citizen children policy came after three months of the State's continued request for full clarification.

Allenby and Belshé also provided to Meissner draft documents that address the public charge issue to determine if they reflect the INS' policy articulated in letters related to citizen children.

"Clear direction from the INS is the best course of action, and we, therefore, request the INS' response by December 28, 1998; in the absence of such feedback, we are prepared to issue documents based on what we know at this time," said Belshé.

The Healthy Families Program began in July 1998 and provides comprehensive medical, dental and vision coverage to children 1-19 years of age who fall between 100-200 percent of the federal poverty level. To date, the Healthy Families Program has enrolled nearly 50,000 children; the Medi-Cal for Children program has enrolled nearly 25,000 children.

Attachments

Note to editors and reporters: Cliff Allenby and Kim Belshé will be available for telephone interviews.

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THE WHITE HOUSE

Office of the Vice President

For Immediate Release
Tuesday, May 25, 1999

Contact:
(202) 456-7035

**VICE PRESIDENT GORE TAKES NEW ACTION TO
ASSURE FAMILIES ACCESS TO HEALTH CARE AND OTHER BENEFITS**

***New Regulation Clarifies That Receiving Medicaid, CHIP, or
Other Benefits Will Not Affect Immigration Status***

McAllen, TX -- Vice President Gore announced today a new Department of Justice regulation to assure families that enrolling in Medicaid or the new Children's Health Insurance Program (CHIP) and receiving other critical benefits, such as school lunch and child care services, will not affect their immigration status.

The new policy, effective immediately, clarifies a widespread misconception that has deterred eligible populations from enrolling in these programs and undermined the nation's public health. In addition, the Vice President directed Federal agencies to send guidance to their field offices, program grantees and to work with community organizations to educate Americans about this new policy.

"This new regulation will improve the health of our families by addressing widespread confusion that prevents legal immigrants from signing up for health insurance, school lunch, child care and other essential programs," said Vice President Gore.

**WIDESPREAD CONFUSION ABOUT CURRENT POLICY DETERS LEGAL
IMMIGRANTS FROM ACCESSING CRITICAL BENEFITS**

Recent immigration and welfare reform laws have generated widespread public confusion about whether legal immigrants receiving certain publicly funded benefits can be deemed to be a "public charge," meaning they may be denied the ability to become a legal permanent resident and subject to deportation. This confusion and fear has deterred legal immigrant families from enrolling their children in Medicaid and CHIP, and prevented legal immigrants from receiving immunization and treatment for communicable diseases, which places the entire national public health at risk. It also reduces payment sources for hospitals and other health care providers serving this population, thus increasing their uncompensated care burden. A 1998 Urban Institute study found that in Los Angeles County the rate of legal immigrants applying for health insurance dropped by 21 percent from January 1996 to January 1998, suggesting that legal immigrants do not take full advantage of their eligibility for currently available programs.

NEW STEPS ENSURE THAT LEGAL IMMIGRANTS WILL HAVE ACCESS TO CRITICAL HEALTH CARE AND SOCIAL SERVICES WITHOUT FEAR.

These new regulations provide clear and consistent guidance that health care and other critical services cannot be used to deny individuals admission to the United States or to attain legal permanent resident status, or a request to remain in the country. Eligible legal immigrants can now receive the following benefits without fear of jeopardizing their immigration status:

- *Health insurance under Medicaid and CHIP.* There have been reports of individuals being told that receiving Medicaid or CHIP will negatively effect their immigration status leading to widespread concern in the immigrant community about enrolling in Medicaid or CHIP, even where the beneficiary is a child who is a United States citizen. These new regulations take a significant step towards eliminating that concern by clarifying that legal immigrants are eligible for these programs (with the exception of institutionalization for long term care).
- *Access to immunization, testing, and treatment for communicable disease.* After an outbreak of rubella in New York in 1997, public health officials learned that the major reason that people had not been vaccinated was the fear that using health department services would affect their immigration status. These new regulations take new steps to protect the health of all Americans by ensuring legal immigrants can access – without fear – free immunizations, testing, and treatment for communicable diseases, such as rubella or tuberculosis.
- *Access to essential nutrition programs.* These new regulations remove the perceived barriers to receiving critical nutrition benefits, including Food Stamps, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch and Breakfast programs, and other supplementary and emergency food assistance programs. Access to these benefits is extremely important for legal immigrant children. Recent studies by the United States Department of Agriculture (USDA) and the Census Bureau indicate that Hispanic families with children have among the lowest food security rates (70 percent), placing them at risk for malnutrition.
- *Other supports for families.* These regulations also make it possible for eligible legal immigrants to also access important social supports for working families, such as child care services, housing assistance, energy assistance, emergency disaster relief, foster care and adoption assistance, transportation vouchers, educational assistance, and job training programs.

The Vice President also directed all Federal agencies that oversee these programs, including the Department of Health and Human Services, USDA, the Department of Justice, the Social Security Administration, and the State Department, to send guidance to their field offices, program grantees and to work with community organizations to educate Americans about this new policy.

CLINTON-GORE ADMINISTRATION'S STRONG COMMITMENT TO INSURING LOW INCOME FAMILIES AND PROMOTING THE PUBLIC HEALTH.

The new regulations the Vice President unveiled today are part of a comprehensive effort by the Clinton/Gore Administration to help families obtain health care, which includes:

- *Providing health insurance to legal immigrant children, pregnant women, and individuals with disabilities.* The Administration's budget proposes to provide health coverage to low-income legal immigrant children and pregnant women who entered the country after August 22, 1996 and to legal immigrants who entered the country after August 22, 1996 and became disabled after entering the country, providing health insurance for over 100,000 legal immigrants. This builds on the Administration's success in restoring eligibility for Medicaid, SSI, and Food Stamps to hundreds of thousands of legal immigrants including restoring disability and health benefits to 380,000 legal immigrants in the Balanced Budget Act and providing Food Stamps for 225,000 legal immigrant children, senior citizens, and people with disabilities in the Agricultural Research Act of 1998
- *Launching the Children's Health Insurance Program (CHIP).* The President, with bipartisan support from the Congress, created CHIP, which allocates \$24 billion over five years to extend health care coverage to uninsured children through State-designed programs. He also launched the Insure Kids Now Campaign, which engages a broad-based, bipartisan, public-private coalition to use a variety of means to educate and assist families in insuring their children. This campaign specifically designed for minority populations and encourages outreach to children in non-traditional settings, such as churches and community centers, where legal immigrant children frequently.

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VICE PRESIDENT GORE TAKES NEW ACTION TO ASSURE FAMILIES ACCESS TO HEALTH CARE AND OTHER BENEFITS

Receipt of Medicaid, CHIP, or Other Benefits Will Not Affect Immigration Status

May 25, 1999

^a
~~to address widespread misconceptions that harms the nat. health,~~
Today, Vice President Gore ~~released~~ ^{announced} a new regulation issued by the Department of Justice assuring families that enrollment in Medicaid or the new Children's Health Insurance Program (CHIP) ~~and~~ ^{or} the receipt of other critical benefits, such as school lunch and child care services, will not affect their immigration status. In addition, the Vice President directed ~~Federal agencies to send guidance to their XX field offices and program grantees, and to work with community organizations to educate the public about this new policy, which are effective immediately.~~ ^{today} The Vice President's announcement represents ~~a significant step in promoting public health and ensuring that thousands of children and families get the health care and other services they need.~~

WIDESPREAD CONFUSION ABOUT CURRENT POLICY DETERS LEGAL IMMIGRANTS FROM ACCESSING CRITICAL BENEFITS.

Recent immigration and welfare reform laws have generated widespread public confusion about whether legal immigrants receiving certain publicly funded benefits can be deemed to be a "public charge". An immigrant who is found to be a "public charge" may be ~~denied admission into United States~~, denied the ability to become a legal permanent resident, and subject to deportation. This confusion and fear has deterred legal immigrant families from enrolling their children in important health programs such as Medicaid and the new Children's Health Insurance Program (CHIP), ~~prevented them from receiving immunizations, treatment for communicable diseases, and emergency care.~~ A 1998 Urban Institute study found that in Los Angeles County the rate of legal immigrants applying for health insurance dropped by 21 percent from January 1996 to January 1998.

NEW STEPS ENSURE THAT LEGAL IMMIGRANTS WILL HAVE ACCESS TO CRITICAL HEALTH CARE AND SOCIAL SERVICES WITHOUT FEAR.

These new regulations provide clear and consistent guidance that Federal agencies cannot use the receipt of health care or other critical services to deny an individual admission to the United States, their application to attain legal permanent resident status, or their request to remain in the country. Eligible legal immigrants can now receive the following benefits without fear of jeopardizing their immigration status:

- ~~Health insurance under Medicaid and CHIP (except for institutionalization for long term care).~~ ^{All kids & their elig for cur avail prog. not pushed that}

These new regulations make it possible for eligible legal immigrants to access the critical health services they need without fear. There have been reports of individuals being told that receipt of Medicaid or CHIP will negatively effect their immigration status. This has resulted in widespread concern in the immigrant community about legal receipt of Medicaid or CHIP, even where the beneficiary is a child who is a United States citizen. These new regulations take a significant step towards eliminating that concern.

- ~~Access to immunization, testing, and treatment for communicable disease.~~ ^{It also reduces payment sources for hosp & other he provides that serve this pop.} These new regulations take new steps to protect the health of all Americans by ensuring legal immigrants can access – without fear – free immunizations, testing, and treatment for communicable diseases, such as rubella or tuberculosis. After a recent outbreak of rubella in New York, public health officials learned that the major reason that people had not been vaccinated was the fear that using health department services would affect their

The new reg, effective immediately, clarifies a widespread misconception that has ~~prevented~~ ^{been} deterred elig pop from enrolling in these prog underm. phcaath.

thus increasing their uncompensated
care burden.

immigration status.

- *Access to essential nutrition programs.* These new regulations remove the perceived barriers to receiving critical nutrition benefits, including Food Stamps, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch and Breakfast programs, and other supplementary and emergency food assistance programs. Access to these benefits is extremely important for legal immigrant children. Recent studies by the United States Department of Agriculture (USDA) and the Census Bureau indicate that Hispanic families with children have among the lowest food security rates (70 percent), placing them at risk for malnutrition.
- *Other supports for families.* These regulations make it possible for eligible legal immigrants to also access important social supports for working families, such as child care services, housing assistance, energy assistance, emergency disaster relief, foster care and adoption assistance, transportation vouchers, educational assistance, and job training programs.

BUILDING ON THE CLINTON-GORE ADMINISTRATION'S STRONG COMMITMENT TO INSURING LOW INCOME FAMILIES AND PROMOTING THE PUBLIC HEALTH. The new regulations the Vice President unveiled today are part of a comprehensive effort by the Clinton/Gore Administration to help families obtain health care, which includes:

- *Providing health insurance to legal immigrant children, pregnant women, and individuals with disabilities.* The Administration's FY 2000 budget includes a proposal to provide health coverage to low-income legal immigrant children and pregnant women who entered the country after August 22, 1996. It would also provide insurance to legal immigrants who entered the country after August 22, 1996 and became disabled after entering the country. The proposal would insure approximately 55,000 children and 23,000 women by FY 2004 as well as 54,000 immigrants who became disabled after entering the United States.
- *Creation of the Children's Health Insurance Program (CHIP).* The President, with bipartisan support from the Congress, created CHIP. The Balanced Budget Act of 1997 allocated \$24 billion dollars over the next five years to extend health care coverage to uninsured children through State-designed programs. ~~States project that they will insure 2.5 million children when their new CHIP programs are fully implemented.~~
combine & put in targeted outreach
headline legal imm
Launching the Insure Kids Now Campaign. This new campaign will engage a broad-based, bipartisan, public-private coalition to use a variety of means to educate and assist families in insuring their children. Initial activities include launching a nationwide, toll-free number set up by the National Governors' Association in partnership with the Administration and Bell Atlantic to provide families with essential information about Medicaid and CHIP; placing the toll-free number on corporate products; airing public service announcements on TV and radio; enlisting grass-roots organizations to get the word out; and stepping up activities by over 10 Federal agencies that interact with working families.

*restoration of immigrant benefit
in this 1997
budget 1998*

Household Food Security in the United States in 1995

Executive Summary

September 1997

Prepared for

Gary W. Bickel, Project Officer
U.S. Department of Agriculture
Food and Consumer Service
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EXECUTIVE SUMMARY

In April 1995, the U.S. Bureau of the Census conducted the first Food Security Supplement to its regular Current Population Survey (CPS). With about 45,000 household interviews, the Food Security Supplement provides the basis for the first comprehensive measurement of food insecurity and hunger in a nationally-representative sample of U.S. households. This survey is the cornerstone of the food security measurement project begun in 1992 to carry out a key task assigned by the Ten-Year Comprehensive Plan for the National Nutrition Monitoring and Related Research Program (NNMRRP). The task is to develop a standard measure of food insecurity and hunger for the United States, for use at national, state, and local levels.

This project has been a cooperative undertaking by the responsible federal government agencies under the leadership of the Food and Consumer Service (FCS) of the U.S. Department of Agriculture jointly with the National Center for Health Statistics/Centers for Disease Control and Prevention (NCHS) of the Department of Health and Human Services. Academic and other private-sector research experts in the field of food security and hunger measurement have aided the project from its beginning, achieving a substantial public/private partnership in the effort to develop a state-of-the-art food security survey questionnaire, statistical measurement method, and food insecurity and hunger measures and prevalence estimates for the nation.

The present study reports the first of these national prevalence estimates for food insecurity and hunger for the 12-month period ending in April 1995, based on the CPS data and applying a sophisticated statistical measurement method that creates a detailed scale for measuring the underlying level of severity of food insecurity and hunger experienced in U.S. households. Based on this food security scale, a simpler measure is constructed that classifies households into several broad ranges or levels of severity, defining four categories of food security status for U.S. households:

- food secure,
- food insecure without hunger,
- food insecure with moderate hunger, and
- food insecure with severe hunger.

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The categorical measure allows one to estimate the number of American households that experience food insecurity and hunger within each of the broad levels specified. The measure is designed to be useful primarily for monitoring changes in prevalence over time, and comparing prevalence across groups within the population, on a sustained, consistent basis.

Background and Definitions

Food security has been defined briefly as "assured access to enough food for an active, healthy life." The household should have access to enough food, the food should be nutritionally adequate, it should be safe, and the household should be able to obtain it through normal channels. Although all of these dimensions of food security are important, the measure presented here focuses on whether the household has "enough" food, as perceived and reported by adult members of the household. When food insecurity on this central dimension reaches severe levels, actual hunger for household members is the result.

Hunger is defined briefly as "the uneasy or painful sensation caused by a lack of food." The CPS Food Security Supplement aims to measure only that hunger which results from the financial resource constraint of the household—from being unable to afford enough food. The survey does not measure hunger that results from being too busy to eat, from voluntary fasting, from illness, or from any other cause except lack of financial resources. Thus, food insecurity and hunger measured here are clearly related to general income poverty. They focus, however, on only one area of household circumstances, rather than on the general problem of whether resources are adequate to cover all areas of need.

Interest in measuring food insecurity and hunger springs from two sources. First, food security is an important dimension of basic individual and family well-being, analogous to health or housing. Food insecurity and hunger are undesirable in their own right, and possible precursors to more serious health and developmental problems. Monitoring food security is important for understanding one fundamental component of the well-being of the American population and for identifying geographic or other subgroups with particularly undesirable and high-risk conditions.

Second, numerous public and private food assistance programs attempt to ameliorate food insecurity and hunger. Accurate measurement of food insecurity and hunger are important for program planners and policymakers to assess adequately the effectiveness of these programs in

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meeting their intended objectives. This need for concrete indicators of program outcomes takes on new importance for federal agencies under the mandate of the 1993 Government Performance and Results Act (GPRA), which requires agencies to give increased, explicit attention to such indicators.

The government's food security measurement effort was built upon extensive private-sector research in the late 1980s that expanded and sharpened the understanding of food security, food insecurity, and hunger. This work led to the development by an expert working group of the American Institute of Nutrition of the following conceptual definitions, which were published by the Life Sciences Research Office (LSRO) of the Federation of American Societies for Experimental Biology (Anderson/AIN/LSRO, 1990):

- **Food security** — "Access by all people at all times to enough food for an active, healthy life. Food security includes at a minimum: (1) the ready availability of nutritionally adequate and safe foods, and (2) an assured ability to acquire acceptable foods in socially acceptable ways (e.g., without resorting to emergency food supplies, scavenging, stealing, or other coping strategies)."
- **Food insecurity** — "Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways."
- **Hunger** — "The uneasy or painful sensation caused by a lack of food. The recurrent and involuntary lack of access to food. Hunger may produce malnutrition over time. . . Hunger . . . is a potential, although not necessary, consequence of food insecurity."

These definitions underlie the CPS Food Security Supplement and the new measurement scale discussed below, with the one additional qualification, already described, that only resource-constrained or poverty-linked food insecurity and hunger are intended to be captured by the measure.

The Food Security Scale

The Food Security Supplement contains a large battery of questions asking respondents about various aspects of food sufficiency in their households. Taken individually, none of these questions can provide a measure of the severity and extent of food insecurity or hunger. Taken together, a systematic set of 18 of the CPS questions (those with strong statistical properties identified by the measurement method) do provide such a measure. The CPS questions ask about five general types of household food conditions, events, or behaviors:

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- Anxiety that the household food budget or food supply may be insufficient to meet basic needs;
- Perceptions that the food eaten by household members was inadequate in quality or quantity;
- Reported instances of reduced food intake, or consequences of reduced food intake (such as the physical sensation of hunger or reported weight loss) for adults in the household;
- Reported instances of reduced food intake or its consequences for children in the household; and
- Coping actions taken by the household to augment their food budget or food supply (such as borrowing from friends or family or getting food from emergency food pantries).

All of the CPS food security questions explicitly condition the event or behavior identified as being due to financial limitation (such as "... because we couldn't afford enough food" or "because there wasn't enough money to buy food.") Each question addresses an explicit time frame, either the past 12 months or the past 30 days. Several key items include follow-up questions on how often the event or condition occurred within the past 12 months or the past 30 days.

Two separate measurement scales were developed, one for the severity of food insecurity within the 12-month period, the other for the 30-day period. The 12-month scale covers a broader range of severity levels of food insecurity and hunger, because fewer questions were asked in the 30-day time frame. The more comprehensive 12-month measure is expected to be the more useful, both for research and policy purposes, and is the focus of discussion in this report.

The scaling methodology began with exploratory linear and non-linear factor analyses to determine the number of distinct factors that should be represented. Scales were estimated using a Rasch measurement model, a form of non-linear factor analysis in the family of Item Response Theory models.¹ Most food insecurity and hunger questions met the statistical criteria for inclusion in the models, although the resource augmentation questions did not. The final 12-month food

¹ IRT models are a form of statistical measurement model developed in educational testing, where test items vary systematically in difficulty and the overall score measures the level of difficulty that the tested individual has mastered. In the present application, the severity of food insecurity that the household has experienced is analogous to the level of test difficulty that an individual has mastered.

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security scale is based on answers to 18 questions, including some from each of the first four types of questions identified above.

Key findings during the scaling analysis were as follows:

- The results are consistent with previous research characterizing food insecurity as a "managed process" through several stages or levels of severity (Radimer *et al.*, 1992). In this process, households first note serious inadequacy in their food supply, feel anxiety about the sufficiency of their food to meet basic needs, and make adjustments to their food budget and food served. As the situation becomes more severe, adults
- ... but they spare the children this experience.

Date: 5/21/99

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Nutrition

Insights

INSIGHT 8

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COULD THERE BE HUNGER IN AMERICA?

The economic expansion that began in March 1991 has been widely touted as the longest peacetime expansion of the last 50 years. By implication, all Americans should be enjoying rising household incomes and expanded economic opportunities. Unemployment is at its lowest rate in more than two decades. Earned income tax credits are available for the working poor, and food assistance is available to all citizens living in low-income households. Could there still be hunger in a land where economic times are so good and there is help for the needy?¹

Hunger Count

According to a national survey taken in 1995, a year marked by good economic news, hunger existed among persons in 4.2 million households, that is 4.1 percent of all U.S. households. These households had one or more persons that reported experiencing reduced food intake because of a lack of financial resources. Nearly 20 percent of households (817,000 of the 4.2 million) had one or more members who experienced severe hunger. In some of these households, children experienced reduced food intake (332,000) or, where no children were present, adults experienced a prolonged lack of food, including going without food for a whole day.

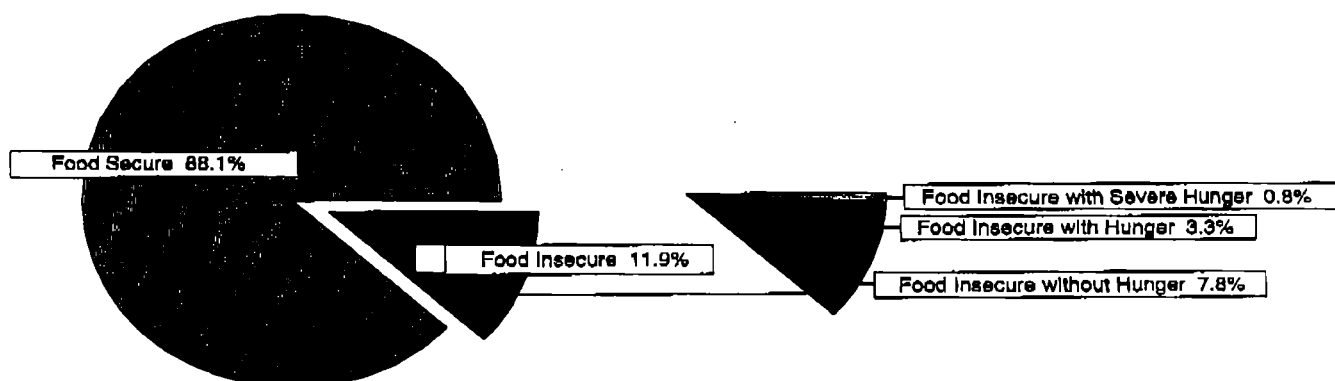
¹Hunger is the uneasy or painful sensation caused by a lack of food. It can result from the recurrent and involuntary lack of access to food. Severe hunger exists in households when children go hungry or adults experience prolonged or acute hunger. Hunger is a potential although not necessary consequence of food insecurity. Food insecurity is used to describe inadequate access to enough food at all times for a healthy active life. It can be a warning sign for hunger. Malnutrition and related diseases are not addressed in these definitions.

A larger group of households, including households experiencing hunger and those at-risk of hunger, was classified as food insecure. This larger group totaled 11.9 million households, about 12 percent of all U.S. households. Those who were food insecure but not hungry, which accounted for 7.8 percent of all households, were concerned about the adequacy, quality, and variety of their household's food, but did not report sustained reductions in food intake (see figure).

Not all households are equally likely to be hungry. A slightly larger proportion of households with children were classified as experiencing hunger. Black and Hispanic households with children were about twice as likely to be classified as experiencing hunger as their White counterparts. Female-headed households were four times more likely to experience hunger than husband-wife households. The lower a household's income, the higher the chance of experiencing hunger (see table).

The count of hungry people was obtained through a scientific survey conducted by the U.S. Bureau of the Census and sponsored by the USDA's Food and Nutrition Service (FNS). FNS administers the Nation's food assistance programs with annual expenditures of almost \$40 billion. The agency's interest in measuring hunger arises from its legal mandate to serve those that meet the requirements for assistance programs. These include the Food Stamp Program, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and the National School Lunch Program.

Prevalence of Food Security and Hunger in U.S. Households, 1995



Source: Hamilton et al., 1997, *Household Food Security in the United States*, Food and Consumer Service, Alexandria, VA.

Prevalence of Household Food Security Status by Selected Characteristics of Households, 1995

Characteristic	Total	Food secure	Food insecure, hunger not evident	Food insecure, hunger evident
<i>Numbers in thousands</i> ----- <i>Percent</i> -----				
All households	100,000	82.5	12.3	5.3
With children under 18 years				
All households	38,113	82.5	12.3	5.3
White	30,438	84.6	11.1	4.3
Black	5,841	71.8	18.1	10.1
Hispanic ¹	4,475	69.6	21.6	8.8
Other	1,833	81.1	12.6	5.3
Married-couple families	26,841	88.5	8.8	2.8
Female head, no spouse	8,941	64.7	22.9	12.3
Male head, no spouse	2,332	81.4	12.0	6.6
All households by annual income				
Below \$10,000	14,977	67.7	19.6	12.7
\$10,000 to \$19,999	16,717	80.2	13.2	6.6
\$20,000 to \$29,999	15,625	89.0	7.7	3.3
\$30,000 to \$39,999	12,149	93.8	4.6	1.6
\$40,000 to \$49,999	8,539	95.8	3.0	1.2
\$50,000 and above	22,370	98.7	0.9	0.4

¹ Persons of Hispanic ethnicity can be of any race.

Source: Hamilton et al., 1997, *Household Food Security in the United States*, Food and Consumer Service, Alexandria, VA.

Food Assistance and Hunger

About half the households that reported experiencing hunger received food assistance in the month before the interview. This included households participating in the Food Stamp Program and those receiving WIC benefits. The relationship between hunger and food assistance is complex. Although the benefits reduce hunger, they may not eliminate it completely. For example, Food Stamp Program participants are expected to use one-third of their net income to supplement the food purchasing power of their food stamps. If those supplemental funds were reallocated to pay utility bills or other necessities, the money could not be used for food. This shortfall could result

in a lack of food and lead to hunger. Some gaps exist in Federal program coverage because all communities do not sponsor the range of Federal food assistance programs available to them.

For instance, the Summer Food Service Program that provides meals to low-income children during school vacations is only available in a limited number of places.

Information Source

The results are based on a sample of 44,730 households that completed the survey interview. The results represent the entire population except the homeless or institutionalized who were not included in the survey. The survey questions refer to the household's situation over the past 30 days and the past 12 months. Only the results for the 12-month period are reported here.²

The survey questions determine which households are experiencing hunger by asking about household behaviors that indicate inadequate access to food and an insufficient amount of food available in the household. These conditions are restricted to those related to economic circumstances and do not include hunger that results solely from illness, abuse, or voluntary dieting. Household respondents are asked about lack of food to prepare meals, cutting or skipping meals, and not eating for a whole day. Separate questions were asked about children's behavior that indicate inadequate access to food.

Conclusion

In 1995, hunger existed in 4.2 million households, or 4.1 percent of all households. In these households, one or more persons had an inadequate amount of food because of financial circumstances, affecting up to 11.2 million persons. In 817,000 of the 4.2 million households, hunger was severe, and 692,000 children lived in these households.

² Research is ongoing on hunger and food security at USDA, so that methods are subject to change from knowledge gathered through the research process. All data are from the Current Population Survey, Food Security Supplement, April 1995.

Author: Bruce W. Klein, Ph.D., USDA, Center for Nutrition Policy and Promotion.

For more information, contact the CNPP Office of Public Information and Governmental Affairs at (202) 418-2312.



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May 21st

Note to Irene, Sarah, Jeanne, Devorah, Genie

From: Cynthia

Subj: Los Angeles Study of Decline in Immigrant Applications for Medicaid

See attached study from last August. Should we cite in public charge paper?

Wednesday, August 5, 1998

Far Fewer Immigrants Seeking Welfare
By VIRGINIA ELLIS, Times Staff Writer

ACRAMENTO--A steep drop in the number of immigrants seeking public aid in Los Angeles County has sent welfare applications plunging 23%, a new federal study shows.

The study, commissioned by the U.S. Department of Health and Human Services and obtained by The Times, found that since 1996, thousands of poor, legal immigrants have decided to eschew government assistance, although in California the vast majority remain eligible for a variety of welfare programs.

In contrast, researchers at the Washington-based Urban Institute, which conducted the study for the federal government, said that in the two-year period of the survey, welfare applications from U.S. citizens remained constant.

Completed last week, the study provides the first documentation of the effect of welfare reform on immigrant families, and suggests that a main reason they shy away is fear of a negative effect on their immigration status.

In January 1996, 21% of all families applying for welfare in Los Angeles County were legal noncitizens, the study said, but by January of this year that number had dwindled to 8%, underscoring what advocates say is the fear and misinformation affecting immigrant communities.

At the beginning of the study, poor noncitizen families were applying for aid in Los Angeles County at a rate of about 1,500 a month. By the end of the survey, the number had fallen to 450 a month.

"We were surprised by this outcome," said Judy Weddle, director of strategic planning for the county Department of Public Social Services. "We had an indication that there has been some confusion in the immigrant community, but obviously this is a very significant number."

Also surprising, the researchers said, was the comparison with undocumented immigrants who applied for welfare for their children. There was a drop in their number, but it was not nearly as large as that for legal immigrants. Although undocumented immigrants are not eligible for aid, any of their children born in the United States are citizens and therefore entitled to government benefits.

"One of the most far-reaching effects of welfare reform to date in Los Angeles County has got to be this decline in applications among [legal] noncitizens," said Michael Fix, one of the authors of the report. "It appears that one of the legacies of this period of welfare reform is . . . the chilling effect it has on legal immigrants' willingness to apply for and receive public benefits."

He said the researchers concluded that misconceptions about welfare reform and mistaken fears that accepting public benefits could affect immigration status may have been key factors.

A spokesman for Gov. Pete Wilson, who was a strong advocate for welfare reform, said the study shows that the governor's efforts to discourage welfare are working.

"When you put restrictions on welfare, take away the entitlement and put in hard time limits, then you take away the incentive to use welfare as the avenue of first resort," said spokesman Sean Walsh. "The message is getting out: 'Don't bring your family over here and go right to public assistance.' "

Federal officials said the study is the first piece in a multiyear report on the overall health and economic status of immigrants in Los Angeles County and New York City.

Michael Kharfen, a spokesman for the U.S. Department of Health and Human Services, said the two urban areas were selected for close examination because they have huge numbers of noncitizens and highly varied immigrant populations.

The initial report, which focused exclusively on Los Angeles County because it had the most readily available data, examined immigrant applications for three public assistance programs: Medi-Cal, which provides medical care for the poor; CalWorks, which assists poor families with children; and General Relief, which provides cash aid for poor adults.

It covered January 1996 to January 1998, a period during which welfare reform was debated, passed by Congress and ultimately implemented by the state and county.

Although acknowledging that the numbers are much bigger than they expected, advocacy groups said the study confirms what they have observed for months.

Karin Wang, director of the Immigrant Welfare Project at the Asian Pacific American Legal Center, said the combination of confusing information about welfare reform and a perceived anti-immigrant sentiment prompted many families to avoid seeking any kind of public assistance.

"We're talking about eligible children not getting health care because their parents are afraid," she said. "Parents have been scared so much by all this talk about deportation, about new rules for naturalization, that they're not willing to risk coming forward."

She criticized the county for being too slow to train welfare workers in the complexities of the new laws, especially as they relate to immigrants.

She said many noncitizen families were turned away at welfare offices by workers who mistakenly believed that their immigration status made them ineligible for assistance.

But county officials insisted that they have taken steps to correct misconceptions, including establishing a help line that immigrants can call for information about welfare and putting special liaison staff in welfare offices to help with immigrant issues.

"Certainly I would not agree that we have been slow," said Jacob Aguilar, who is in charge of community relations for the social services department. "On the other hand, this study shows we need to continue to work in this area."

Julia Takeda, director of the Child Medi-Cal enrollment project for the department, said immigrants will be a major focus of a county campaign to enroll 100,000 poor children in Medi-Cal by September 1999.

not Food stamps

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JUL 29 1998

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FROM: David Nielsen 

Attached is an Urban Institute analysis of LA County data (1996-1998) on applications of citizens and immigrants for AFDC/TANF, Medicaid, and General Relief. It shows that approved applications of immigrants (and citizen children of immigrants) have declined precipitously during that time, while applications of citizens have remained the same. These immigrant and citizen children declines occurred even though eligibility for these benefits were maintained for all immigrants based on state and county decisions and funding. We believe this data is consistent with the numerous concerns we have heard regarding the effect of public charge and other issues on immigrant access to services. As always, please call with any questions (401-6642).

Thanks!

Attachment

Declining Immigrant Applications for Medi-Cal and Welfare Benefits in Los Angeles County¹

Wendy Zimmermann and Michael Fix
The Urban Institute
July 1998

The 1996 federal welfare reform law (the Personal Responsibility and Work Opportunity Reconciliation Act, PRWORA) barred many legal immigrants from receiving food stamps and gave states a number of options to restrict immigrant eligibility for other benefit programs. In California, however, immigrant eligibility has not changed for AFDC/TANF (now CalWORKs), Medicaid (Medi-Cal in California) or the county-funded cash assistance program, General Relief.² Nonetheless, the complex reforms introduced by the welfare law as well as related policy changes and practices may be having a chilling effect on immigrants' use of benefits for which they remain eligible. Legal immigrants may mistakenly believe they and their families are no longer eligible for AFDC/TANF and Medi-Cal.³ Immigrants may be concerned about new requirements that state agencies verify citizenship and immigration status and report undocumented immigrants to the Immigration and Naturalization Service. Immigrants may also fear that their own or their children's use of benefits will render them a "public charge" under immigration laws which, they may believe, would affect their ability to gain legal permanent residence, to naturalize or even lead to deportation. Recently immigrants have mistakenly been made to repay Medi-Cal benefits in order to gain legal permanent resident status or re-enter the country after a trip abroad. News of these events also may limit immigrants' willingness to apply for benefits.

The following analysis is based on administrative data from the Los Angeles County

¹ This analysis was funded by the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. The views expressed are those of the authors and do not necessarily reflect those of the funder or the Urban Institute and its trustees.

² PRWORA gave states the option of providing TANF and Medicaid to immigrants who had entered the United States by August 22, 1996. It barred immigrants who enter the country after that date from receiving any federally-funded TANF and Medicaid for their first five years in the country. California has opted to provide TANF and Medi-Cal to immigrants in the United States regardless of date of entry and is using state funds to pay for benefits to newly entering immigrants during the five year bar. California has not implemented new Medi-Cal eligibility restrictions on certain immigrants who were formerly considered permanently residing under color of law, or PRUCOL. Undocumented immigrants were, and continue to be, ineligible for TANF and General Relief and are eligible for only emergency services under Medicaid. California continues to provide state-funded pre-natal care under Medicaid to undocumented women. Governor Wilson's efforts to end this pre-natal care have been blocked by litigation.

³ Although most of its provisions have been held up by litigation, California's Proposition 187, which attempted to restrict undocumented immigrants' access to a wide array of public services, may also have contributed to confusion and misunderstanding of eligibility rules.

Department of Public Social Services. The data provide information on monthly approvals of applications for AFDC/TANF, Medi-Cal and General Relief for January 1996 to January 1998. *The data show that the number of non-citizen monthly approvals for these benefits has dropped significantly since January 1996 while the number of citizen approvals has either remained the same or declined more moderately. Since immigrant eligibility for these benefits has not changed in California since January 1996, this decline appears to reflect fewer immigrants applying for assistance for which they remain eligible.*⁴

1. *Non-citizen approved applications fell dramatically following welfare reform.* Approved applications by non-citizen families for AFDC/TANF and Medi-Cal declined sharply in the months following August 1996 when federal welfare reform became law. Since then, the number of monthly approvals of non-citizen-headed cases has remained lower than it had been through most of 1996. In the initial months of 1996, about 3,000 non-citizen headed cases were approved for AFDC/TANF and Medi-Cal each month, compared to about 1,500 for most of 1997.⁵ At the same time, the number of monthly approvals of citizen-headed cases remained the same at about 4,000 per month. Monthly approvals of non-citizen-headed cases therefore dropped by 52 percent between January 1996 and January 1998 while the number of citizen cases approved each month did not change (Table 1). The decline in total monthly approvals during those two years (-23 percent) is, therefore, entirely attributable to the decline in approvals of non-citizen-headed cases.

2. *The number of legal immigrant-headed cases has dropped faster than undocumented cases.* The drop in approved applications was greater for cases headed by a legal immigrant than for cases headed by an undocumented immigrant (-71 vs. -34 percent) -- where an ineligible undocumented parent typically applies only for her citizen child (Table 1). One possible explanation for the sharper decline among legal than undocumented immigrants is that during 1996 and 1997 large numbers of legal immigrants naturalized -- those people would, of course,

⁴ During the time period examined (January 1996 to January 1998) the overall number of applications for AFDC/TANF and Medi-Cal declined while the overall denial rate did not change. These trends are consistent with the observation that falling numbers of *approved* applications for immigrants and their families are a product of declining numbers of applications. Data are not available, however, on application denial rates by immigration status. In addition, no general eligibility or program changes to AFDC/TANF were implemented during the period examined. Los Angeles County began implementing its new welfare-to-work program, CalWORKs, in April 1998.

⁵ In Los Angeles County, a family can apply for AFDC/TANF, Medi-Cal and food stamps using only one application. Everyone who is eligible for AFDC/TANF is also eligible for Medi-Cal and most also receive food stamps, excluding non-citizens who were made ineligible for them under the federal welfare reform law. Data on *case* approvals for AFDC/TANF and Medi-Cal combine all members of a household (usually the parent(s) and children). A non-citizen-headed case is one where the "first adult" in the household is a non-citizen; a citizen-headed case is one where the first adult is a citizen. Data on children approved for AFDC/TANF and Medi-Cal (Table 2), on General Relief (Table 5) and on "Medi-Cal-only" (Table 4) are for individuals and reflect each person's immigration status.

apply as citizens rather than non-citizens.⁶ It is also possible that many legal immigrants did not understand that although their eligibility for food stamps had changed, their eligibility for TANF/AFDC and Medi-Cal had not. Additionally, there may have been widespread (mistaken) concern among legal immigrants that using public benefits would hurt their chances for naturalization.

3. *The number of citizen children applying for AFDC/TANF and Medi-Cal declined.* Because so many non-citizen adults have U.S.-born citizen children, the drop in approvals of non-citizen-headed cases has led to fewer citizen children receiving assistance.⁷ The number of newly approved citizen children of non-citizen parents for AFDC/TANF and Medi-Cal dropped by 48 percent between January of 1996 and 1998, compared to almost no change (6 percent increase) for citizen children of citizen parents (Table 2). Since the vast majority of those receiving AFDC/TANF and Medi-Cal in Los Angeles receive food stamps as well, these drops also reflect a decrease in applications for food stamps by citizen children who remain eligible for them. *The cumulative impact of this decline in approved applications may be significant: nearly 25,000 more children would have applied and been approved for AFDC/TANF and Medi-Cal between December 1996 and January 1998 if the number of citizen children of immigrant parents had remained at about the same level as it had been in January to November 1996.*

4. *Fewer non-English speakers have applied and been approved for benefits.* Data on monthly approvals by primary language of the applicant tell a similar story. Between January 1996 and January 1998, the number of cases approved in which the applicant's primary language is Spanish fell by 46 percent while it fell by only 9 percent for English speakers. For the much smaller group who speak an Asian language the number fell by 59 percent (Table 3).

5. *The number of non-citizens applying for "Medi-Cal-only" benefits decreased.* The number of persons applying for only Medi-Cal -- because they are ineligible for cash or food assistance -- has also dropped faster for non-citizens than citizens. Between 1996 and 1998 non-citizens approved each month for "Medi-Cal-only" dropped by 24 percent while citizen approvals stayed virtually flat, falling by only 7 percent (Table 4). The drop in applications among immigrant families is even higher, however, when the citizen children of immigrant adults (who are included in the citizen column) are considered.⁸ The full decline in non-citizen enrollment in Medi-Cal

⁶ It cannot be determined, however, how much of the decline in approved applications is accounted for by rising naturalization, though it is unlikely to account for the steep drop in the number of legal-immigrant headed cases.

⁷ In the Los Angeles metropolitan area, sixty-three percent of children in families with incomes below 200 percent of the federal poverty level had at least one non-citizen parent and one citizen child, March 1997 Current Population Survey, Urban Institute tabulations.

⁸ We cannot tell how many of the citizens in column 1 of Table 4 are the children of immigrants since the Medi-Cal-only data are not available by alien status of household head. The change in applications for

encompasses both the drop in Medi-Cal-only applications -- the decline in non-citizens plus their citizen children (Table 4) -- *and* the drop in applications for AFDC/TANF and Medi-Cal (Tables 1 and 2). Further, the decline in enrollment of undocumented immigrants in Medi-Cal-only (who make up about twenty percent of all approvals) means that welfare reform and related policies appear to be having an impact not only on legal immigrants' use of regular Medi-Cal but also on undocumented immigrants' use of emergency medical services and prenatal care.

6. *Non-citizen applications for General Relief also decline.* Similarly, the number of non-citizens approved on a monthly basis for General Relief, Los Angeles's safety net assistance program, declined more than twice as fast as the number of citizens. While the number of citizens newly approved for General Relief fell 22 percent between January 1996 and January 1998, the number of non-citizens dropped 47 percent during the same time period (Table 5).

These findings raise questions about a number of broader policy issues, including rising uninsurance rates and federal, state and local efforts to increase health insurance coverage among children. The federal government recently created the Child Health Insurance Program (CHIP), called Healthy Families in California, which provides funding to states to expand health insurance for low-income children. L.A. County recently adopted a plan to enroll 100,000 more children in Medi-Cal by September 1999 (the Los Angeles County Child Medi-Cal Enrollment Project) -- a goal that may be difficult to reach if Medi-Cal enrollment of children in immigrant families remains low. A recent GAO report found that most uninsured children in California are children of immigrants: in 1996, 73 percent of uninsured Medicaid-eligible children in California were either foreign-born or had a foreign-born parent.⁹ To include the children of immigrants in efforts such as these, policy reforms and outreach efforts will need to take issues specific to immigrant families -- such as a misunderstanding of immigrant eligibility rules and concerns over public charge laws -- into account.

These data also may have implications for the current debate over declining welfare caseloads. Although an initial examination of Los Angeles's AFDC/TANF caseload data for January 1995 to April 1997 does not suggest that the number of non-citizens receiving welfare has fallen faster than the number of citizens, it may be too soon to tell if the drop in immigrant applications is contributing to declines in overall caseloads.

Medi-Cal-only, therefore, cannot be compared to that for AFDC/TANF with Medi-Cal (in Table 1) since the Medi-Cal-only data are presented for individuals while the AFDC/TANF with Medi-Cal data are presented for families (cases), by immigration status of the household head.

⁹ The proportion of uninsured children who had a non-citizen parent (as opposed to foreign-born), which was not included in the report, would be somewhat lower. The report used data from the Current Population Survey (CPS) for its analysis. U.S. General Accounting Office, "Medicaid: Demographics of Nonenrolled Children Suggest State Outreach Strategies," GAO/HEHS-98-93, March 1998.

Table 1. Cases Newly Approved for AFDC/TANF with Medi-Cal in Los Angeles County by Immigration Status of Household Head*:
January 1996 - January 1998

Month/Year	Total Monthly Approvals**	Citizens	Percent of Total	Non-Citizens	Percent of Total	Legal Immigrants	Percent of Total	Undocumented Immigrants*** (Unaided)	Percent of Total
January 1996	7,332	4,085	56%	3,177	43%	1,545	21%	1,632	22%
February 1996	7,681	4,468		3,168		1,650		1,518	
March 1996	7,970	4,623		3,283		1,588		1,695	
April 1996	7,754	4,626		3,068		1,542		1,526	
May 1996	7,450	4,520		2,873		1,403		1,470	
June 1996	6,680	4,119		2,490		1,218		1,272	
July 1996	7,900	4,726		3,089		1,548		1,541	
August 1996	5,693	3,570		2,066		1,036		1,030	
September 1996	7,953	5,078		2,808		1,420		1,388	
October 1996	7,767	5,072		2,621		1,307		1,314	
November 1996	5,833	3,833		1,951		963		988	
December 1996	5,781	4,037		1,702		529		1,173	
1/96 - 1/97									
Percent change	-17%	-1%		-38%		-59%		-19%	
January 1997	6,060	4,042	67%	1,967	32%	641	11%	1,326	22%
February 1997	5,691	3,923		1,731		564		1,167	
March 1997	5,938	4,173		1,705		532		1,173	
April 1997	5,846	4,272		1,491		457		1,034	
May 1997	5,089	3,765		1,255		444		811	
June 1997	5,262	3,819		1,387		441		946	
July 1997	5,667	4,148		1,433		476		957	
August 1997	5,689	4,170		1,457		472		985	
September 1997	6,109	4,413		1,619		505		1,114	
October 1997	6,543	4,774		1,696		489		1,207	
November 1997	4,899	3,554		1,270		368		902	
December 1997	6,257	4,466		1,702		454		1,248	
January 1998	5,669	4,072	72%	1,519	27%	450	8%	1,069	19%
1/97 - 1/98									
Percent Change	-6%	+1%		-23%		-30%		-19%	
1/96 - 1/98									
Percent Change	-23%	0%		-52%		-71%		-34%	

*Data are provided by "first adult" in household. This person is typically the parent. Each case usually includes one or two parents and their child(ren).
 ** Citizens and noncitizens do not necessarily add to the total because this total includes "other" cases, including those in which the immigration status of the household head is unknown.
 ***Undocumented immigrants are not eligible for AFDC/TANF or regular Medi-Cal. These cases typically include citizen children who are eligible for assistance.
 Note: All AFDC recipients are automatically eligible for Medi-Cal. Most also receive federal food stamps (excluding ineligible immigrants). Data include both single- and two-parent families.

**Table 2. Children Newly Approved for AFDC/TANF with Medi-Cal in Los Angeles County
by Immigration Status of Household Head*: January 1996 - January 1998**

Month/Year	Total Monthly Approvals**	Citizen Children of Citizen Adults	Percent of Total	Citizen Children of Non-Citizen Adults	Percent of Total	Citizen Children of Legal Immigrant Adults	Percent of Total	Citizen Children of Undocumented Adults	Percent of Total
January 1996	11,669	6,148	53%	5,144	44%	2,741	23%	2,403	21%
February 1996	11,954	6,586		4,984		2,803		2,181	
March 1996	12,489	6,917		5,178		2,689		2,489	
April 1996	12,330	6,926		5,075		2,761		2,314	
May 1996	11,467	6,644		4,418		2,288		2,130	
June 1996	10,343	6,100		3,882		2,086		1,796	
July 1996	12,476	7,161		4,815		2,531		2,284	
August 1996	8,952	5,496		3,147		1,630		1,517	
September 1996	12,572	7,761		4,415		2,348		2,067	
October 1996	12,606	7,846		4,359		2,294		2,065	
November 1996	9,197	5,834		3,111		1,613		1,498	
December 1996	9,269	6,161		2,868		1,025		1,843	
1/96 - 1/97 Percent change	-17%	+2%		-39%		-56%		-19%	
January 1997	9,725	6,245	64%	3,160	32%	1,203	12%	1,957	20%
February 1997	8,872	5,799		2,831		1,068		1,763	
March 1997	9,285	6,208		2,819		1,000		1,819	
April 1997	9,085	6,356		2,446		860		1,586	
May 1997	8,088	5,643		2,193		914		1,279	
June 1997	8,437	5,880		2,325		871		1,454	
July 1997	9,111	6,360		2,442		886		1,556	
August 1997	9,142	6,454		2,395		900		1,495	
September 1997	9,936	6,858		2,788		998		1,790	
October 1997	10,714	7,454		2,924		932		1,992	
November 1997	8,052	5,615		2,136		684		1,452	
December 1997	10,476	7,176		2,982		916		2,066	
January 1998	9,460	6,501	69%	2,693	28%	921	10%	1,772	19%
1/97 - 1/98 Percent change	-3%	+4%		-15%		-23%		-9%	
1/96 - 1/98 Percent change	-19%	+6%		-48%		-66%		-26%	

* Data are provided for children by "first adult" in household. In most cases, this adult is the child's parent.

** Columns do not add to the total because this total includes "others," including non-citizen children and those for whom immigration status is unknown.

Note: All AFDC recipients are automatically eligible for Medi-Cal. Most also receive food stamps (excluding ineligible immigrants). Data include both single- and two-parent families.

**Table 3. Cases Newly Approved for AFDC/TANF with Medi-Cal in Los Angeles County by Primary Language*:
January 1996 - January 1998**

Month/Year	Total Monthly Approvals	English	Percent of Total	Spanish	Percent of Total	Asian Languages**	Percent of Total	All Others	Percent of Total
January 1996	7,445	4,483	60%	2,686	36%	135	2%	141	2%
April 1996	7,833	5,068		2,524		110		131	
July 1996	7,990	5,178		2,436		118		258	
October 1996	7,864	5,389		2,182		113		180	
January 1996 - January 1997 Percent Change	-17%	-10%		-32%		-33%		+32%	
January 1997	6,157	4,056	66%	1,825	30%	90	1%	186	3%
April 1997	5,946	4,277		1,412		68		189	
July 1997	5,716	4,258		1,274		62		122	
October 1997	6,586	4,766		1,620		65		135	
January 1998	5,727	4,096	72%	1,449	25%	56	1%	126	2%
January 1997 - January 1998 Percent Change	-7%	+1%		-21%		-38%		-32%	
January 1996 - January 1998 Percent Change	-23%	-9%		-46%		-59%		-11%	

*Primary language is the language in which the applicant requests an application.

**Asian languages include Vietnamese, Cambodian, Cantonese, Mandarin, Other Chinese, Laotian, and Korean.

Note: All AFDC recipients are automatically eligible for Medi-Cal. Most also receive food stamps (excluding ineligible immigrants). Data include both single- and two-parent families.

Source: Administrative data from the Los Angeles County Department of Public Social Services

**Table 4. Persons Newly Approved for Medi-Cal-Only* in Los Angeles County by Immigration Status:
January 1996 - January 1998**

Month/Year	Total Monthly Approvals	Citizens**	Percent of Total	Non-Citizens	Percent of Total	Legal Immigrants	Percent of Total	Undocumented Immigrants***	Percent of Total
January 1996	31,660	19,702	62%	11,958	38%	3,857	12%	8,031	25%
February 1996	32,262	20,152		12,110		4,011		8,038	
March 1996	40,043	24,522		15,521		4,973		10,485	
April 1996	37,493	23,349		14,144		4,789		9,278	
May 1996	37,182	22,768		14,414		4,950		9,403	
June 1996	32,639	20,382		12,257		4,079		8,111	
July 1996	33,660	21,271		12,389		4,041		8,269	
August 1996	32,406	20,266		12,138		3,836		8,238	
September 1996	29,522	18,588		10,934		3,631		7,221	
October 1996	32,819	20,922		11,897		4,060		7,765	
November 1996	28,831	18,634		10,197		3,494		6,626	
December 1996	25,833	16,942		8,891		3,267		5,550	
January 1996 - January 1997 Percent Change	-12%	-8%		-19%		-18%		-20%	
January 1997	27,725	18,053	65%	9,672	35%	3,174	11%	6,426	23%
February 1997	29,222	19,083		10,139		3,485		6,617	
March 1997	35,558	23,314		12,244		4,217		7,977	
April 1997	35,424	23,378		12,046		4,109		7,891	
May 1997	33,859	22,549		11,310		3,859		7,370	
June 1997	30,605	20,263		10,342		3,524		6,776	
July 1997	34,088	22,522		11,565		3,521		8,006	
August 1997	31,950	21,201		10,741		3,723		6,969	
September 1997	29,348	19,324		10,011		3,558		6,393	
October 1997	33,314	22,320		10,980		3,937		6,927	
November 1997	26,763	17,822		8,927		3,258		5,516	
December 1997	31,537	20,984		10,545		3,592		6,835	
January 1998	27,335	18,267	67%	9,054	33%	3,058	11%	5,862	21%
January 1997 - January 1998 Percent Change	-1%	+1%		-6%		-4%		-9%	
January 1996 - January 1998 Percent Change	-6%	-7%		-24%		-21%		-27%	

* This table includes only persons receiving Medi-Cal who do not receive any other public assistance such as AFDC/TANF.

** This table understates the drop in approved applications for immigrant families to the extent that citizen children of legal and undocumented immigrant parents are included in the citizen column.

*** Undocumented immigrants are only eligible for emergency services and pre- al

**Table 5. Persons* Newly Approved for General Relief in Los Angeles County by Citizenship Status:
January 1996 - January 1998**

Month/Year	Total Monthly Approvals	Citizens	Percent of Total	Non-Citizens	Percent of Total
January 1996	8,533	7,666	90%	867	10%
February 1996	9,763	8,587		1,176	
March 1996	9,701	8,555		1,146	
April 1996	9,190	8,210		980	
May 1996	8,703	7,750		953	
June 1996	7,970	7,139		831	
July 1996	8,968	8,056		912	
August 1996	8,919	7,886		1,033	
September 1996	7,366	6,709		657	
October 1996	8,965	8,206		759	
November 1996	7,404	6,827		577	
December 1996	7,913	7,230		683	
January 1996 - January 1997 Percent Change	-11%	-10%		-26%	
January 1997	7,557	6,912	91%	645	9%
February 1997	8,321	7,629		692	
March 1997	8,234	7,602		632	
April 1997	7,997	7,379		618	
May 1997	8,182	7,542		640	
June 1997	7,046	6,561		485	
July 1997	7,825	7,213		612	
August 1997	7,718	7,040		678	
September 1997	7,052	6,523		529	
October 1997	8,526	7,848		678	
November 1997	5,931	5,464		467	
December 1997	7,375	6,800		575	
January 1998	6,450	5,994	93%	456	7%
January 1997 - January 1998 Percent Change	-15%	-13%		-29%	
January 1996 - January 1998 Percent Change	-24%	-22%		-47%	
*Most persons approved for General Relief are single adults.					

OK as in manual *Jan*

THE CLINTON ADMINISTRATION TAKES NEW ACTION TO ASSURE IMMIGRANT FAMILIES ACCESS TO HEALTH CARE AND OTHER BENEFITS

Receipt of Medicaid, Food Stamps, or Other Benefits Will Not Affect Immigration Status

May 25, 1999

USDA, SSA, the field

Today, Vice President Gore will release new regulations assuring families that enrollment in Medicaid or the new Children's Health Insurance Program (CHIP) and the receipt of other critical benefits, such as food stamps and child care services will not affect immigration status. In addition, Vice President ~~Gore~~ will direct the Department of Health and Human Services, the State Department, and the *consulates* Department of Justice to send over XX letters to their regional offices and program grantees and work with advocacy organizations in order to educate the public about these new regulations, which are effective immediately. The Vice President's announcement represents a significant step in promoting public health and ensuring that thousands of children and families get the health care and other ~~social~~ support they need. *legal parameters. Let*

WIDESPREAD CONFUSION ABOUT CURRENT POLICY PREVENTS LEGAL IMMIGRANTS FROM ACCESSING CRITICAL BENEFITS.

Recent immigration and welfare reform laws have generated widespread public confusion about whether legal immigrants receiving certain publicly funded benefits can be deemed to be a "public charge" who is or may become primarily dependent on the government. An individual determined to be a public charge may be denied entry into the United States, denied American citizenship, or deported. Recent studies indicate that the fear of being considered a public charge has deterred legal immigrant families from enrolling their children in important health programs such as Medicaid and the new Children's Health Insurance Program, preventing them from receiving immunizations, treatment for communicable diseases, and emergency care, as well as obtaining other vital assistance such as ~~disaster relief and school lunch~~. *food stamps and child care*

NEW STEPS ENSURE THAT LEGAL IMMIGRANTS WILL BE ABLE TO RECEIVE CRITICAL HEALTH CARE AND SOCIAL SERVICES WITHOUT FEAR.

These new regulations define "public charge" and provide clear and consistent guidance that Federal agencies cannot use the receipt of health care or other critical social support benefits to deny an individual admission to the United States, their application for citizenship, or their request to remain in the country. Eligible legal immigrants can now receive the following benefits without fear of jeopardizing their immigration status:

- *Health insurance under Medicaid and CHIP (except for institutionalization for long term care).* These new regulations make it possible for eligible legal immigrants to access the critical health services they need without fear. There have been documented instances in which individuals have been denied re-entry to the United States because they received Medicaid. Moreover, individuals have been told that receipt of Medicaid or CHIP will have a negative effect on their immigration status. These cases have translated into widespread concern in the immigrant community about legal receipt of Medicaid or CHIP, even where the beneficiary is a ~~citizen child~~. These new regulations take a significant step towards eliminating that concern. *U.S.*
- *Access to immunization and treatment for communicable diseases.* These new regulations take new steps to protect the health of all Americans by ensuring legal immigrants can access to free immunizations and testing and treatment of symptoms of communicable diseases, such as rubella

or tuberculosis, without fear. After a recent outbreak of rubella in New York, public health officials learned that the major reason that people had not been vaccinated was the fear that using health department services would affect their immigration status.

- *Access to essential nutrition programs.* These new regulations remove the perceived barriers to receiving critical nutrition benefits, including Food Stamps, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch and Breakfast programs, and other supplementary and emergency food assistance programs. Access to these benefits is extremely important for legal immigrant children. Recent studies by USDA and the Census Bureau indicate that Hispanic families with children have among the lowest food security rates (70%), placing them at risk for malnutrition.
- *Other supports for families.* These regulations make it possible for eligible legal immigrants to access important social supports for working families, such as child care services, housing assistance, energy assistance, emergency disaster relief, foster care and adoption assistance, transportation vouchers, educational assistance, and job training programs.

BUILDING ON THE CLINTON ADMINISTRATION'S STRONG COMMITMENT TO INSURING LOW INCOME FAMILIES AND PROMOTING THE PUBLIC HEALTH.

The new regulations the Vice President is unveiling today of a comprehensive campaign by the Clinton-Gore Administration to help families obtain health care, which includes:

- *Providing health insurance to legal immigrant children, pregnant women, and individuals with disabilities.* The Administration's FY 2000 budget includes a proposal to provide health coverage to low-income legal immigrant children and pregnant women who entered the country after August 22, 1996. It would also provide insurance to legal immigrants who entered the country after August 22, 1996 and became disabled after entering the country. The proposal would insure approximately 55,000 children and 23,000 women by FY 2004 as well as 54,000 immigrants who became disabled after entering the U.S.
- *Creation of the Children's Health Insurance Program (CHIP).* The President, with bipartisan support from the Congress, created CHIP. The Balanced Budget Act of 1997 allocated \$24 billion dollars over the next five years to extend health care coverage to uninsured children through State-designed programs. States project that they will ensure 2.5 million children when their new CHIP programs are fully implemented.
- *Launching the Insure Kids Now Campaign.* This new campaign will engage a broad-based, bipartisan, public-private coalition to use a variety of means to educate and assist families in insuring their children. Initial activities include launching a nationwide, toll-free number set up by the National Governors' Association in partnership with the Administration and Bell Atlantic to provide families with essential information about Medicaid and CHIP; placing the toll-free number on corporate products; airing public service announcements on TV and radio; enlisting grass-roots organizations to get the word out; and stepping up activities by over 10 Federal agencies that interact with working families.

PUBLIC CHARGE

forum

Call on person to roll out issue

then he meets w/ Latino press

link to Texas paper

travelling w/ reporter from Cox
news service

Miami Herald, CA paper
specialty media around the conference.

Hispanic Business Mag.

Latino print paper roundtable

leak to all 4 of those papers?

BR to give to LA Times
Patrick McDonnell

refer calls to Feinstein's ofc.
Hispanic Caucus

does Feinstein want to do the
whole state or just LA Times

Feinstein → everyone might
as well announce on Monday.

Cecilia from La Raza

VP press release
INS fact sheet
Q&A on web
SMD letters
Food stamp letters
INS
State Dept cable

direct to release
release 26th

press & agencies on the HCU

Chris to talk to press / DPC
diff contact for spanish
language

radio actuality
press release translated

DNC to send out paper

Supp Statement | Public Charge

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DRAFT - 5/13/99

immigrant prop. - Outreach
restoration
PC - TIME LINE

C. CTR outreach

5/17, Monday

- Integrate comments to INS document and send back to INS
- Meeting with DPC health staff
- Begin drafting internal qs and as

numbers about group — URBAN
INSTITUTE
STUDY

5/18, Tuesday

- Integrate comments on other agencies documents and send back to agencies

5/19, Wednesday

- Follow up roll-out meeting to finalize roll-out plan and to discuss press and Hill roll-out
- Roll-out materials finalized
- Agencies send to OPL the list of groups that should be invited to a WH briefing the day of the announcement.

5/20 - Thursday

- INS sends guidance to the field and State Dept. sends cables to consulates
- DOJ/INS - sends reg and guidance to Fed Reg for display on 5/25

5/21 - Friday

- Meeting with groups on roll-out materials or when documents finalized?
- Begin scheduling of Hill and group briefings for morning of the announcement

governors
IGA

Maria out there

5/25 Tuesday or 5/26 Wednesday

- Briefings on the Hill and with groups the morning of the announcement
- Proposed Reg on display
- Possible announcement
- Other roll-out events by HHS?

Hispanic caucus

specialty
press
TV, trade press

Weeks following the announcement:

- INS will do regional meetings
- 6/10 - HCFA conference with state Medicaid Directors

June SMD

mtg
INS inviter

press paper
backup document
g&a (public)

letters from org - mult letter outreach effort
draft letters to prog directors
SSA, HHS, USDA

IRENE - paper

Advise FL of
health stamp speech

Health care

public health component

food stamps

check for
Dog in rollout

call NGA right

before.

State coalition for immigrant issues?

Shalala does DC

briefing
leak for day before

HHS INS

USDA

SSA, OMB

pitch for
budget
policies

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Public Charge

In an effort to allay fears among the nation's immigrant communities about the issue of "public charge," the Clinton Administration is publishing a proposed rule in the *Federal Register* on _____ which defines public charge and clarifies the circumstances under which an individual can be deemed a public charge regarding admission into the United States, adjustment of status to legal permanent resident, and deportation.

The new regulations, for the first time, will state which benefits an individual may use without fear of negative immigration consequences and specify the various factors that must be considered before a public charge determination can be made. This predictability will allow aliens and their families to make informed choices about using benefits that they are entitled to receive. It will also enhance public health and transition to self-sufficiency for working families.

Background

"Public charge" has been part of our nation's immigration laws for over 100 years as a ground of inadmissibility and deportation. An alien who is likely at any time to become a public charge is inadmissible and ineligible to become a legal permanent resident of the United States. Also, an alien who has become a public charge within 5 years of entering the United States from causes that existed before entry can be deported, although such instances have been very rare.

Recent immigration and welfare reform laws have generated considerable public confusion and fear about whether an alien who is eligible to receive certain Federal, State, or local public benefits may face adverse immigration consequences as a public charge for having received public benefits.

This public fear has prompted some aliens and their families to forgo the use of public benefits to which they may be entitled — including disaster relief, treatment of communicable diseases, immunizations, and children's nutrition and health care programs — causing considerable harm to themselves and jeopardizing the general public. Moreover, it is undermining the government's policies of increasing access to health insurance and health care and helping people in transition to become self-sufficient.

Definition of Public Charge

The proposed rule, which was drafted after an extensive interagency process with benefit-granting agencies, defines "public charge" to mean **an alien**

who is primarily dependent on the government for subsistence, as demonstrated by either receiving public cash assistance for income maintenance, or by being institutionalized for long-term care at government expense. This definition alone, however, cannot be used to deem an individual a public charge — other factors must be considered, as specified below.

(more)

INS is implementing the new definition of public charge immediately through field guidance discussing the definition and standards for public charge determinations. The field guidance will be published along with the proposed rule in the *Federal Register*.

Benefits Subject to Public Charge Consideration

The proposed rule specifies that cash assistance for income maintenance includes Supplemental Security Income (SSI), cash Temporary Aid to Needy Families (TANF) and State or local cash assistance programs for income maintenance, often called "General Assistance" programs. Acceptance of these forms of public assistance could make a person a public charge, if all other criteria are met.

In addition, public assistance, including Medicaid, that is used for supporting aliens who reside in an institution for long-term care — such as a nursing home or mental health institution — will also be considered as part of the public charge analysis. Short-term institutionalization for rehabilitation is not subject to public charge consideration.

Benefits Not Subject to Public Charge Consideration

Non-cash benefits and special-purpose cash benefits, such as a lump sum to pay for heating assistance, are not subject to public charge consideration. Such benefits include:

Medicaid, Food Stamps, Children's Health Insurance Program (CHIP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), emergency medical assistance, immunizations, testing and treatment of communicable diseases, emergency disaster relief, nutrition programs, housing assistance, energy assistance, child care services, foster care and adoption assistance, transportation vouchers, educational assistance, job training programs, and non-cash benefits funded under the TANF program.

Criteria for Public Charge Determinations

The proposed rule states that a person's mere receipt of any of these forms of cash assistance for income maintenance, or being institutionalized for

long-term care, does not automatically make him or her inadmissible, ineligible to adjust status to legal permanent resident, or deportable on public charge grounds. The law requires that a variety of factors must be considered as well. Each determination is made on a case-by-case basis.

Admission and Adjustment of Status

Before an alien can be denied admission to the United States or denied adjustment of status to legal permanent resident based on public charge grounds, a number of factors must be considered, including: the alien's age, health, family status, assets, resources, financial status, education and skills. No single factor — other than the lack of an Affidavit of Support, if required — will determine whether an alien is a public charge, including past or current receipt of public cash benefits.

(more)

Deportation

The INS can deport an alien on public charge grounds only if the alien has failed to meet the benefit-granting agency's demand for repayment of a cash benefit for income maintenance or for the costs of institutionalization for long-term care. INS may initiate removal proceedings only after the benefit-granting agency has chosen to seek repayment within 5 years of the alien's entry into the United States, obtained a final judgment, taken all steps to collect on that judgment, and been unsuccessful.

The alien is not deportable on public charge grounds if the alien can show that he or she received one of these types of public cash benefits from causes that arose after entry into the United States.

Other Public Charge Clarifications

There is no public charge test for naturalization.

Public charge is not a factor in whether an alien can sponsor a relative to come to the United States.

Benefits received by one member of a family are not attributed to other family members for public charge purposes, unless the cash benefits amount to the sole support of the family.

— INS —

DRAFT - 5/11

Q: What does it mean to be a "public charge" under the immigration laws?

A: An alien who is likely at any time to become a "public charge" is ineligible for admission to the United States and is ineligible to adjust status to become a lawful permanent resident. An alien who has become a public charge can also be deported from the United States, although this very rarely happens. These provisions have been part of U.S. immigration law for over 100 years, and the recent immigration reform and welfare reform laws did not substantively change them. Both INS (in the United States) and the Department of State (overseas) make public charge determinations.

Q: How is "public charge" defined?

A: The INS is issuing guidance and a proposed regulation that will define "public charge" for the first time. "Public charge" means an alien who has become (for deportation purposes) or who is likely to become (for admission/adjustment purposes) primarily dependent on the government for subsistence.

Q: How does INS decide whether someone is admissible or eligible for adjustment of status under the public charge rules?

A: In deciding whether an alien is likely to become a public charge, the law requires that the INS (in the United States) or the Department of State (overseas) take certain factors into account, including the alien's age, health, family status, assets, resources, financial status, education and skills. The government official examines all of these factors, looking at the "totality of the circumstances" concerning the alien, to make a forward-looking decision. No single factor will be used as the sole basis for finding that someone is likely to become a public charge.

Q: How does INS decide whether someone is deportable as a public charge?

A: Deportations on public charge grounds are very rare because the standards are very strict. Under the Immigration and Nationality Act, an alien is deportable if he or she becomes a public charge within 5 years after the date of entry into the United States for reasons not affirmatively shown to have arisen since entry. The mere receipt of a public benefit within 5 years of entry does not make an alien a public charge. An alien is deportable only if (1) the state or other government entity that provides the benefit imposes a charge which the alien (or a friend or relative) is legally obliged to repay; (2) the responsible program officials make a demand for repayment of the cost of the benefit; and (3) the alien or a responsible friend or relative fails to repay. Even if these three conditions are met, the alien has the opportunity to show that the reasons he or she became a public charge arose after the alien's entry to the U.S. An alien who can make such a showing is not deportable as a public charge.

Q: What kind of benefits are considered in deciding whether someone is or is likely to become a public charge?

A: Not all publicly funded benefits are relevant to deciding whether someone is or is likely to become a public charge. INS's guidance and proposed regulation clarify what kind of benefits may and may not be considered in making a public charge determination. In order to decide whether an alien is or is likely to become a public charge, INS will consider (1) the receipt of public cash assistance for income maintenance or (2) institutionalization for long-term care at government expense. If an alien receives a cash benefit for income maintenance or is institutionalized for long-term care, INS may consider that factor under the procedural rules described above.

Q: Are there public benefits that I can receive without worrying that the INS will consider me a public charge?

A: Yes. Not all publicly funded benefits will be considered by the INS or the State Department in deciding whether someone is or is likely to become a public charge. The focus of public charge is on cash benefits for income maintenance and institutionalization for long-term care at government expense. Examples of benefits that will not be considered for public charge purposes include:

Medicaid and other health insurance and health services (including public assistance for immunizations and for testing and treatment of symptoms of communicable diseases; use of health clinics, etc.) other than support for institutionalization for long-term care

Children's Health Insurance Program (CHIP)

Nutrition programs, including Food Stamps, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch and Breakfast programs, and other supplementary and emergency food assistance programs

Housing assistance

Child care services

Energy assistance, such as the Low Income Home Energy Assistance Program (LIHEAP)

Emergency disaster relief

Foster care and adoption assistance

Educational assistance, including benefits under the Head Start Act and aid for elementary, secondary, or higher education

Job training programs

In-kind, community-based programs, services, or assistance (such as soup kitchens, crisis counseling and intervention, and short-term shelter).

Q: What benefits will INS consider for public charge purposes?

A: INS will consider cash benefits for income maintenance purposes and institutionalization for long-term care at government expense. Programs that provide such benefits include:

Supplemental Security Income (SSI) under Title XVI of Social Security Act;

Temporary Assistance for Needy Families (TANF) cash assistance (part A of Title IV of the Social Security Act – successor to the AFDC program);

State and local cash assistance programs for income maintenance purposes (often called "General Assistance" programs); and

Programs (including Medicaid) supporting aliens who reside in an institution for long-term care (e.g., a nursing home or mental health institution).

Receipt of these benefits may be considered by INS in making public charge determinations, but having received them does not automatically make someone a public charge. As explained above, the totality of the circumstances test applies for admission and adjustment. For deportation, all of the procedural requirements, described above, apply.

Q: Does the INS consider all types of cash assistance in deciding whether someone is a public charge?

A: No. INS only considers cash benefits intended for income maintenance purposes. Some programs provide cash benefits for special purposes such as supplemental heating in winter (LIHEAP) or one-time relocation assistance (TANF). These special-purpose cash benefits are not considered for public charge purposes.

Q: Are health care benefits and enrollment in health insurance programs like Medicaid and CHIP

considered for public charge purposes?

A: No, not unless an alien is institutionalized for long-term care at government expense. In particular, INS will not consider participation in Medicaid or CHIP, or similar state-funded programs, for public charge purposes. INS has made this decision to help safeguard public health and to help protect local, publicly funded hospitals and clinics from having to absorb the high costs of caring for uninsured patients.

The one exception to this rule is for aliens residing in an institution for long-term care (such as a nursing home or mental health institution) where they are wholly dependent on government support for housing, food, and other essential services, in addition to medical care. Such aliens may be considered public charges.

Q: What is the effect of the affidavit of support for public charge purposes?

A: The welfare reform law and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Section 213A, created a new requirement for all family-sponsored immigrants and those employment-based immigrants who will work for a close relative or for a firm in which a U.S. citizen or lawful permanent resident relative holds a 5 percent or greater ownership interest. The affidavit of support must be signed by a sponsor who meets certain statutory requirements. Sponsors must be able to demonstrate that they are able to maintain the sponsored alien(s) at an annual income of not less than 125 percent of the federal poverty level. An alien who applies for an immigrant visa or adjustment of status in one of the categories described above, on or after December 19, 1997, must have an affidavit of support from a qualifying sponsor or he or she will be found inadmissible as a public charge.

Before IIRIRA, aliens were sometimes sponsored using INS Form I-134, but these affidavits of support were found by some courts not to be legally enforceable. Form I-134 may still be used for categories of aliens who are not required to use the new, enforceable affidavit of support, such as students, parolees, or diversity immigrants.

Q: If I have received cash public benefits in the past, but now I've stopped, will INS find that I am likely to become a public charge?

A: Past receipt of cash public benefits does not automatically make an alien inadmissible as likely to become a public charge. It is one factor that will be considered under the totality of the circumstances test to decide whether the alien is likely to become a public charge in the future. For example, if an alien received benefits in the past during a period of unemployment, but now has a job and is self-supporting, he or she would not be found inadmissible as a public charge. The longer ago an alien received benefits, the less weight it will be given. The length of time that an alien received benefits is also a factor.

Q: If a member of my family is receiving or has received public benefits, but I haven't, will INS hold that against me for public charge purposes?

A: In most cases, no. As a general rule, receipt of benefits by a member of an alien's family is not attributed to the alien who is applying to INS to determine whether he or she is likely to become a public charge. The only time this general rule would not apply would be if the family were reliant on their family member's public benefits as its sole means of support.

In particular, alien parents do not have to worry that the INS will consider them to be public charges if they enroll their children in programs for which they are eligible, unless these are cash programs which provide the sole financial support for the family. This is true whether the children are U.S. citizens or not.

Q: If I've received public benefits in the past, do I have to repay them to avoid having INS find that I'm inadmissible as a public charge, or so that I can adjust status and become a lawful permanent resident?

A: No. The INS and the Department of State do not have authority to request that aliens repay public benefits in connection with visa issuance, admission, or adjustment of status. In fact, an alien who did repay public benefits could still be found to be a public charge under the totality of the circumstances test, taking all other factors into account.

The only exception to this rule would be in the unusual instance where an alien was actually deportable as a public charge at the time of application for admission or adjustment of status. This rarely occurs. If, however, an alien had actually become deportable as a public charge under the three-part test described above, payment of the outstanding public debt would end his or her deportable status, and the usual totality of the circumstances test would apply.

Q: Do I have to stop participating in some benefit programs in order to adjust status and become a lawful permanent resident?

A: It depends on the benefit program. Someone who is receiving a cash benefit for income maintenance at the same time that he or she applies to become a lawful permanent resident may be considered ineligible for adjustment as a public charge. An alien who has received a cash benefit in the past could reapply to the INS after he or she stops receiving the benefit. Supplemental Security Income (SSI) is an example of such a cash benefit for income-maintenance.

Someone who is receiving a non-cash benefit – for example, WIC, Food Stamps, Medicaid, or CHIP – would not have to stop participating in the program in order to be eligible to adjust to lawful permanent resident status.

As explained earlier, in both of these situations, the usual "totality of the circumstances" test would apply.

Q: I'm a lawful permanent resident – if I have received public benefits and I leave the country, will INS stop me from returning because they consider me a public charge?

A: In general, a lawful permanent resident who has been outside the United States for 6 months or less is not screened for public charge purposes when he or she returns. This is because lawful permanent residents who leave for less than 6 months at a time are not considered applicants for admission when they return, and none of the grounds of inadmissibility, including public charge, apply to them.

There are exceptions to this general rule if (1) the alien has abandoned his or her status as a lawful permanent resident, (2) the alien has engaged in certain illegal activity, (3) the alien was in removal proceedings before he or she left the country, or (4) the alien attempts to enter other than at a port of entry. See INA section 101(a)(13)(C) for more details on these exceptions.

Q: If I want to sponsor a relative to come to the United States, will it hurt my chances if I'm receiving public benefits, or if I've received public benefits in the past?

A: Sponsors are not subject to public charge screening under the immigration laws; the question is whether the alien being sponsored is likely to become a public charge. Sponsors must satisfy a different test: they must be able to demonstrate that they are able to maintain the sponsored immigrant(s) at an annual income of not less than 125 percent of the federal poverty level.

Q: Why does the new INS affidavit of support form ask about whether a sponsor or member of his or

her household has received "means-tested public benefits" in the past 3 years?

A: The purpose of this question is to ensure that the INS or State Department official making the decision has access to all facts that may be relevant in determining whether the 125-percent test, described above, is met. Any cash benefits received by the sponsor, such as SSI or cash TANF, cannot be counted toward meeting the 125-percent income threshold, but they are not held against the sponsor if he or she can meet the 125-percent test through other resources. The receipt of other means-tested public benefits – such as Food Stamps, Medicaid, or CHIP – have no effect on sponsorship.

Q: If I receive public benefits, will it hurt my chances to become a U.S. citizen?

A: No. There is no public charge test for naturalization purposes, so the receipt of benefits is not relevant, as long as they were legally received. There is no requirement to repay benefits received in the past in order to qualify for citizenship, either.

Q: Are there categories of aliens who are not subject to public charge determinations?

A: Yes. Refugees and asylees are not subject to public charge determinations for purposes of admission or adjustment of status. Amerasian immigrants are also exempt from the public charge ground of inadmissibility for their initial admission to the United States. In addition, various statutes contain exceptions to the public charge ground of inadmissibility for aliens eligible for benefits under their provisions, including the Cuban Adjustment Act, the Nicaraguan Adjustment and Central American Relief Act (NACARA) and the Haitian Refugee Immigration Fairness Act (HRIFA).

Q: What happens to a refugee who adjusts to lawful permanent resident status and then leaves the country for longer than 180 days if he or she received cash public assistance before leaving the country – is he or she at risk of being found to be a public charge and denied reentry?

A: [As noted above, refugees are exempt from public charge determinations for their admission and adjustment to lawful permanent resident status. Public charge has never been a problem for refugees who travel and return to the United States, and nothing in the welfare reform law or immigration reform law has changed this.]

Q: If I'm eligible to self-petition for adjustment of status under the Violence Against Women Act (VAWA), do I have to show that I'm not likely to become a public charge?

A: [Self-petitioners under VAWA are exempt from the affidavit of support requirement that applies to other family-based immigrants. The Administration is still considering the extent to which they are exempt from the public charge requirements generally, and will address this in future guidance or through recommended legislation.]

Q: Cuban/Haitian entrants are eligible to receive certain public benefits under welfare reform. If they receive such benefits, will they be barred from adjusting status because they will be considered public charges?

A: The answer depends on how they become eligible to adjust status. There are statutory exceptions to the public charge ground of inadmissibility for those Cubans who are eligible to adjust to lawful permanent resident status under the Cuban Adjustment Act and for those Haitians who are eligible to adjust status under the Haitian Refugee Immigration Fairness Act. Cuban/Haitian entrants are subject to the usual public charge rules if they seek adjustment under other provisions of law.

Q: Amerasian entrants are eligible to receive public benefits under welfare reform. If they receive such benefits, will they be considered public charges?

A: Amerasian entrants are admitted to the United States as lawful permanent residents (LPRs), and they are exempt from the public charge ground of inadmissibility at their initial admission. In almost all cases, the issue of public charge would never come up again, unless the alien leaves the United States for more than 6 months and seeks readmission. At that time, the exemption from public charge screening would no longer apply and the alien would be treated like any other LPR under the totality of the circumstances test.

Q: I have been in the U.S. since January 1, 1972. In order to become a lawful permanent resident under the "registry" provision of the Immigration and Nationality Act, section 249, do I have to show that I am not likely to become a public charge?

A: No. Public charge is not a factor for "registry" aliens under section 249.

Q: Is it improper for an immigration officer to ask about whether I've received public benefits in the past, or whether someone in my family has?

A: No. Immigration officers can ask questions about whether an alien or someone in his or her family is receiving or has received public benefits in the past. Aliens should answer such questions completely and truthfully. If an alien tells an immigration officer that he or she has received a benefit that is exempt from consideration for public charge purposes, such as Food Stamps, the immigration officer will not use that information in deciding whether the alien is likely to become a public charge.

Q: An alien who is institutionalized for long-term care at government expense can be found deportable as a public charge. Does this mean that INS will be conducting raids in nursing homes or other long-term care institutions?

A: No. INS enforcement priorities are controlling the border, removing criminal aliens, and worksite enforcement. INS will not send investigators into nursing homes or other long-term care facilities to look for aliens who might be deportable as public charges. Typically INS would only become aware of such cases if the alien came to INS's attention for another reason, such as applying for another immigration benefit.

Q: What happens if a sponsor who has signed the new affidavit of support dies?

A: The obligation to support the alien terminates with the sponsor's death, but the sponsor's estate would still be obligated to repay any obligations accrued before the sponsor's death. If there is a joint sponsor and only one of the sponsor's dies, the remaining sponsor would remain liable under the affidavit of support.

For deportation purposes, if a sponsor has died and there is no joint sponsor, there is no legal obligation under the affidavit of support to repay any means-tested benefits. This means that the first prong of the test for deportation would not be met and the sponsored alien would not become deportable based on the affidavit of support.

Q: INS is publishing this public charge definition as a proposed rule for notice and comment. What happens if an alien receives one of the supposedly "safe" benefits and the final rule is different from the proposed rule -- can aliens rely on field guidance?

A: [to come]

Q: Why is INS letting aliens receive so many public benefits and not considering them public charges?

A: The government believes that it is in the nation's interest for everyone to be able to receive supplemental benefits from time to time if they need them. This helps protect public health, promotes the welfare of children, and assists working families in the transition to self-sufficiency.

FAX

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF INTERGOVERNMENTAL AFFAIRS

PHONE: (202) 690-6060
FAX: (202) 205-2727
E-MAIL: ahyman@os.dhhs.gov

DATE: May 17, 1999

TO: IRENE BUENO
fax: 456-7028

FROM: ANDREW D. HYMAN
Acting Director
Office of Intergovernmental Affairs, Room 600E
U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, D.C. 20201

COMMENTS: As discussed, attached are marked up Qs and As (and additional Qs and As) and Fact Sheet. Also, are 2 letters done by ACF and 1 done by HCFA. Call with any questions. Thanks.

No. of Pages (including cover): 18

Aug

re: public charge

*Devorah -
For your
review. Please
give me comments
by COB today.
Thanks.
-GC*

*We have
until tomorrow
am - mid
day*

DRAFT
May 17, 1999, 10 am

Dear State Health Official:

INSERT A

~~I am writing about a Notice of Proposed Rulemaking ("NPRM") and a corresponding memorandum to INS Regional Directors and Service Directors ("Memorandum") that the Immigration and Naturalization Service (INS) has issued regarding the receipt of Federal, State, or local public benefits in public charge determinations. This letter highlights what these documents say about Medicaid and CHIP benefits.~~

~~Both documents were published in the Federal Register on May 11, 1999. The Memorandum states that the INS will adopt the public charge definition described in the NPRM on an interim basis until a final rule is published. The definition referenced in the documents will also apply to State Department public charge determinations, per a State Department cable transmitted the same day.~~ *ing guidance*

~~The question of whether someone is, or is likely to become, a public charge arises when an alien seeks to enter or reenter the United States, or seeks to adjust status from one immigration status to another. In rare cases, the issue may also arise in the context of deportation.~~

~~The NPRM and the Memorandum provide that the receipt of Medicaid or CHIP benefits will not be considered in making a public charge determination, except in the case of institutionalization for long-term care primarily at government expense. This exception will not include short-term rehabilitation stays in long-term care facilities.~~

~~In cases where receipt of long-term care benefits is a factor in determining whether an individual is, or is likely to become, a public charge, it will not be the sole factor in the determination. The NPRM and Memorandum state that INS and State Department officials must consider of the totality of circumstances in determining whether the individual meets the public charge definition of someone who is likely to become primarily dependent on the government for subsistence.~~

~~Since the receipt of Medicaid or CHIP benefits, with the one exception of institutionalization for long-term care, cannot be considered in making a public charge determination, a major barrier to enrollment of immigrant children and families in Medicaid and CHIP is removed. State efforts to enroll these eligible children and families should be greatly facilitated.~~

~~For cases where institutionalization for long-term care is considered in making a public charge determination, the interim policy announced by INS does not change the policy announced in my letter of December 17, 1997 to State Medicaid Directors regarding~~

release of information to INS or the State Department regarding receipt of Medicaid benefits. In that letter, we indicated that Section 1902 (a)(7) of the Social Security Act requires States to safeguard information regarding applicants for and recipients of Medicaid benefits and prohibits disclosure of that information to an outside entity unless it is directly connected to the administration of the State plan. We have determined that the INS and State Department public charge determinations would not be connected to the administration of the State plan, unless such determinations will directly assist the State in recovering outstanding debts from an alien (most commonly involving overpayments or fraud). States are encouraged to adopt similar restrictions under separate CHIP programs.

We have enclosed copies of the INS field guidance, the proposed rule, and questions and answers which address frequently asked questions about public charge determinations.

If you have any questions, please contact your regional office.

Sincerely,

Sally K. Richardson
Director

Enclosures

①

Sample letter to program grantees re: "public charge"

DATE:

SUBJECT: Guidance on INS definition of "public charge"

Dear Program Grantee:

The Immigration and Naturalization Service in the Department of Justice on ___ published in the *Federal Register* a proposed rule that establishes clear standards governing a determination that an alien is inadmissible to the United States, ineligible to adjust immigration status, or has become deportable, on the grounds that he or she is likely to be or is a "public charge."

Recent immigration and welfare laws have generated considerable confusion among providers and potential recipients alike regarding what benefits might render an alien a "public charge" and consequently unable to, for example, adjust to legal permanent resident (LPR) status. Under Section 212(a)(4) of the Immigration and Nationality Act (INA) the determination of whether an individual is likely to become a public charge at any time is made by a State Department consular officer when the visa application is adjudicated overseas, by an INS officer at the time an individual seeks admission to the United States, and by an INS officer when an individual already in the U.S. applies for adjustment of status. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA; P.L. 104-193) placed restrictions on the eligibility of aliens for many Federal, State and local public benefits. A number of those restrictions, including those applying to SSI and food stamps, have since been eased by subsequent legislation.

Many legal aliens are eligible, either under PRWORA or as a result of the subsequent benefit restorations, for programs such as Medicaid, food stamps, Supplemental Security Income (SSI), Temporary Assistance to Needy Families (TANF) and the Children's Health Insurance program (CHIP), among others. Numerous legal immigrants are, however, choosing not to apply for benefits because they fear the negative immigration consequences of being deemed a "public charge."

The INS proposes to define public charge to mean an alien who has become (for purposes of deportation) or is likely to become (for purposes of admissibility or adjustment) "primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expense (other than imprisonment for conviction of a crime)."

Cash benefits for income maintenance include the following:

- 1) Supplemental Security Income (SSI);
- 2) Temporary Assistance for Needy Families (TANF), but not including supplemental cash benefits excluded from the term "assistance" under TANF program rules or any non-cash benefits and services provided by the TANF program; and

- MAY-17-1995 10:49 10H P.00/11
- 3) State and local cash benefit programs that are for the purpose of income maintenance (often called "general assistance" but which may exist under other names).

Receipt of a benefit that is not on the list above cannot render an alien a public charge, with the sole exception of an instance in which Medicaid or a related program pays for the cost of a person's institutionalization for long-term care. Apart from that exception, receipt of benefits not on the list should not be taken into account by INS officers or State Department consular officers in making the public charge determination.

Accordingly, the receipt of non-cash benefits such as (but not limited to) food stamps, Medicaid, CHIP, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), housing assistance, child care, educational aid, job training and non-cash TANF benefits will not be considered in the public charge determination because these benefits are of a supplemental nature and do not demonstrate primary dependence on the government.

In addition, cash benefits that are not for the purpose of income maintenance are also not relevant to the public charge decision. For example, benefits under the Low Income Home Energy Assistance Program (LIHEAP) and the Child Care and Development Block Grant (CCDBG), as well as diversion or transportation benefits under TANF, can be in the form of cash payments, but are still supplemental and hence not considered in the public charge determination.

___ is not one of the three programs listed above that are considered cash assistance for income maintenance. Accordingly, an otherwise eligible alien can receive ___/benefits under ___ without any risk of being deemed a public charge. INS officers should not take into account receipt of ___/benefits under ___ in determining whether an immigrant has become, or is likely to become, a public charge.

The list above includes the programs in existence at the time the proposed rule was published that are considered cash benefits for income maintenance. It is possible that other programs may be created in the future that would also meet the definition. With respect to new programs, it is important to consider the principle of primary dependence on the government, and not merely the list above, when evaluating whether the program might give rise to a public charge determination.

If you need further clarification, please contact: [Name of person in program office]

Sincerely,

[Name and signature of the program director]

Sample letter to program grantees re: "public charge"

DATE:

SUBJECT: Guidance on INS definition of "public charge"

Dear Program Grantee:

The Immigration and Naturalization Service in the Department of Justice on ____ published in the *Federal Register* a proposed rule that establishes clear standards governing a determination that an alien is inadmissible to the United States, ineligible to adjust immigration status, or has become deportable, on the grounds that he or she is likely to be or is a "public charge."

Recent immigration and welfare laws have generated considerable confusion among providers and potential recipients alike regarding what benefits might render an alien a "public charge" and consequently unable to, for example, adjust to legal permanent resident (LPR) status. Under Section 212(a)(4) of the Immigration and Nationality Act (INA) the determination of whether an individual is likely to become a public charge at any time is made by a State Department consular officer when the visa application is adjudicated overseas, by an INS officer at the time an individual seeks admission to the United States, and by an INS officer when an individual already in the U.S. applies for adjustment of status. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA; P.L. 104-193) placed restrictions on the eligibility of aliens for many Federal, State and local public benefits. A number of those restrictions, including those applying to SSI and food stamps, have since been eased by subsequent legislation.

Many legal aliens are eligible, either under PRWORA or as a result of the subsequent benefit restorations, for programs such as Medicaid, food stamps, Supplemental Security Income (SSI), Temporary Assistance to Needy Families (TANF) and the Children's Health Insurance program (CHIP), among others. Numerous legal immigrants are, however, choosing not to apply for benefits because they fear the negative immigration consequences of being deemed a "public charge."

The INS proposes to define public charge to mean an alien who has become (for purposes of deportation) or is likely to become (for purposes of admissibility or adjustment) "primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expense (other than imprisonment for conviction of a crime)"

Cash benefits for income maintenance include the following:

- 1) Supplemental Security Income (SSI);
- 2) Temporary Assistance for Needy Families (TANF), but not including supplemental cash benefits excluded from the term "assistance" under TANF program rules or any non-cash benefits and services provided by the TANF program; and
- 3) State and local cash benefit programs that are for the purpose of income maintenance (often called "general assistance" but which may exist under other names).

Receipt of a benefit that is not on the list above cannot render an alien a public charge, with the sole exception of an instance in which Medicaid or a related program pays for the cost of a person's institutionalization for long-term care (other than imprisonment, as described above). Apart from that exception for institutionalization, receipt of benefits not on the list should not be taken into account by INS officers or State Department consular officers in making the public charge determination.

Accordingly, the receipt of non-cash benefits such as (but not limited to) food stamps, Medicaid, CHIP, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), housing assistance, child care, educational aid, job training and non-cash TANF benefits will not be considered in the public charge determination because these benefits are of a supplemental nature and do not demonstrate primary dependence on the government.

In addition, cash benefits that are not for the purpose of income maintenance are also not relevant to the public charge decision. For example, benefits under the Low Income Home Energy Assistance Program (LIHEAP) and the Child Care and Development Block Grant (CCDBG), as well as diversion or transportation benefits under TANF, can be in the form of cash payments, but are still supplemental and hence not considered in the public charge determination.

___ is one of the three programs listed above that are considered cash assistance for income maintenance. Accordingly, an otherwise eligible alien who receives ___/ benefits under ___ is at risk of being deemed a public charge. INS officers will take into account receipt of ___/benefits under ___ in determining whether an immigrant has become, or is likely to become, a public charge.

Receipt of benefits under one of the programs listed above, including ___ does not automatically mean that an immigrant would be found inadmissible or ineligible to adjust status when applying in the future. The immigration officer must use a "totality of the circumstances" analysis -- the officer must consider all relevant information, including age, health, family status, assets, employment status, education and skills, in making the determination as to whether an immigrant is likely to become a public charge.

The standard for deportation on public charge grounds is considerably higher than the standard for inadmissibility or ineligibility to adjust. To be deportable, the alien or sponsor must fail to

comply with a legally enforceable duty to reimburse the assistance agency for the cost of care. For an alien to be deportable as a public charge, the following conditions must be met:

- 1) the alien received benefits under one of the three programs listed above or was institutionalized for long-term care at government expense;
- 2) the government entity providing the benefit has a legal right to request repayment;
- 3) within five years of the alien's entry, the entity demanded that the alien or sponsor repay the benefit;
- 4) the alien or sponsor failed to repay the benefit; and
- 5) there is a final administrative or court judgement obligating the alien or sponsor to repay the benefit.

If an alien can show that the reason for receipt of benefits under one of the programs, or for institutionalization, arose after entry, he or she would not be deportable as a public charge. The binding affidavit of support required as of December 19, 1997 can be relevant to the public charge determination for deportation purposes, because it can create a legally enforceable claim against the sponsor for repayment of benefits defined as "means-tested public benefits."

As a practical matter, the number of deportations on public charge grounds is likely to be extremely low, because of the conditions that must be met and the restrictions on benefits imposed by PRWORA. For example, to be deportable as a public charge an alien must receive public cash assistance for income maintenance, or be institutionalized for long-term care at government expense, during the first five years after entry. PRWORA prohibits most aliens from receiving means-tested Federal public benefits, including TANF, SSI and Medicaid, for five years after entry.

Receipt of benefits under one of the three programs listed above by a child or other relative would not be considered in determining whether an alien not receiving the benefit (e.g., a parent) is, or is likely to become, a public charge, except in the case of cash welfare received by children that represents the household's only income.

The list above includes the programs in existence at the time the proposed rule was published that are considered cash benefits for income maintenance. It is possible that other programs may be created in the future that would also meet the definition. With respect to new programs, it is important to consider the principle of primary dependence on the government, and not merely the list above, when evaluating whether the program might give rise to a public charge determination.

If you need further clarification, please contact: [Name of person in program office]

Sincerely,

[Name and signature of the program director]

5

Plan for Congressional Rollout on Public Charge Legislation

Briefings:

House and Senate Judiciary Committees

1. Authorizing Committees for benefit granting agencies –

- Senate: Finance
Agriculture
Labor
- House: Ways and Means
Agriculture
Commerce
Education and the Workforce

2. Congressional Hispanic Caucus (CHC)

3. Large states and other interested members

New York, California, Texas, Florida, New Jersey, Illinois

Briefers:

INS Barbara Strack

HHS Andrew Hyman

SSA Webster Phillips

USDA Susan Gossman, Bonny O'Neil, or Art Foley

INS will be taking the lead at all briefings. Representatives from HHS, SSA and USDA will also attend. Materials will be distributed at all briefings. Each agency will deal with their appropriators as needed.

Scheduling:

INS will set up meetings with Judiciary, CHC, large states and other interested members. HHS will set up meeting with authorizing committees for benefit granting agencies.

Points of Contact:

DPC Irene Bueno 456-6558

INS Allen Erenbaum 514-8102

HHS Sharon Clarken 690-7450

SSA Judy Chesser 358-6030

USDA Frank Ippolito 720-3631

FACT SHEET

DRAFT

(5/19/99)

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Public Charge

In an effort to protect the public health and help people become self-sufficient, the Clinton Administration is publishing a proposed rule in the *Federal Register* on [May 27] that clarifies the circumstances under which an alien can receive public benefits without becoming a "public charge" for purposes of admission into the United States, adjustment of status to legal permanent resident, and deportation. ✓

The new regulations, for the first time, define "public charge" and state which benefits a non-citizen may receive without concern for negative immigration consequences. The regulation describes the various factors that must be considered in making a public charge determination. This information will help non-citizens and their families make informed choices about whether to apply for certain benefits. The regulation also enhances the administration of the nation's immigration laws by promoting fair and consistent decisionmaking.

Background

"Public charge" has been part of U.S. immigration law for more than 100 years as a ground of inadmissibility and deportation. An alien who is likely at any time to become a public charge is inadmissible and ineligible to become a legal permanent resident of the United States. Also, an alien can be deported if he or she becomes a public charge within five years of entering the United States from causes that existed before entry. Instances of deportation on public charge grounds have been very rare.

Recent immigration and welfare reform laws have generated considerable public confusion and concern about whether a non-citizen who is eligible to receive certain Federal, State, or local public benefits may face adverse immigration consequences as a public charge for having received public benefits.

This concern has prompted some non-citizens and their families to deny themselves public benefits for which they are eligible -- including disaster relief, treatment of communicable diseases, immunizations, and children's nutrition and health care programs -- potentially causing considerable harm to themselves and the general public. This impact undermines the government's policies of increasing access to health insurance and health care and helping people to become self-sufficient by drawing temporarily on public support during a transition period.

Definition of Public Charge

The proposed rule, which was drafted after an extensive interagency process with benefit-granting agencies, defines "public charge" to mean an alien who has become (for

deportation purposes) or is likely to become (for admission or adjustment of status purposes) "primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance, or
(more)

institutionalization for long-term care at government expense." This definition alone, however, cannot be used to determine if an alien is a public charge -- other factors must be considered, as specified below.

The Immigration and Naturalization Service (INS) is implementing this definition of public charge immediately through field guidance discussing the definition and standards for public charge determinations. The field guidance will be published along with the proposed rule in the *Federal Register*. In addition, the United States Department of State (DOS) will send a cable to U.S. consulates abroad providing guidance on public charge determinations for admission purposes. By making this guidance effective immediately, INS and DOS are helping to relieve public concerns about receiving health care and other important services, as well as providing field personnel with the tools needed to enforce immigration law.

At the same time, INS is seeking public comment on this approach. The proposed rule includes a 60-day public comment period.

Benefits Subject to Public Charge Consideration

The proposed rule specifies that cash assistance for income maintenance includes Supplemental Security Income (SSI), cash assistance from the Temporary Assistance for Needy Families (TANF) program and State or local cash assistance programs for income maintenance, often called "General Assistance" programs. Acceptance of these forms of public cash assistance could make a non-citizen a public charge, if all other criteria are met (as described below in the section "Criteria for Public Charge Determinations.")

In addition, public assistance, including Medicaid, that is used for supporting aliens who reside in an institution for long-term care -- such as a nursing home or mental health institution -- will also be considered by INS and DOS officials as part of the public charge analysis. Short-term institutionalization for rehabilitation is not subject to public charge consideration.

Benefits Not Subject to Public Charge Consideration

Non-cash benefits ~~(and special-purpose cash benefits that are not intended for income maintenance)~~ are not subject to public charge consideration. Such benefits include:

Medicaid, Food Stamps, Children's' Health Insurance Program (CHIP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), emergency medical assistance, immunizations, testing and treatment of communicable diseases, emergency disaster relief, nutrition programs, housing assistance, energy assistance, child care services, foster care and adoption

assistance, transportation vouchers, educational assistance, job training programs, and non-cash benefits funded under the TANF program.

Some of the above programs may provide cash benefits, such as energy assistance, transportation or child care benefits provided in cash under TANF or the Child Care Development Block Grant (CCDBG), and one-time emergency payments under TANF.

(more)

Since the purpose of such benefits is not for income maintenance, but rather to avoid the need for on-going cash assistance for income maintenance, they are not subject to public charge consideration.

Criteria for Public Charge Determinations

The proposed rule states that an alien's mere receipt of cash assistance for income maintenance, or being institutionalized for long-term care, does not automatically make him or her inadmissible, ineligible to adjust status to legal permanent resident, or deportable on public charge grounds. The law requires that INS and DOS officials consider several additional factors as well. Each determination is made on a case-by-case basis.

Admission and Adjustment of Status

Before an alien can be denied admission to the United States or denied adjustment of status to legal permanent resident based on public charge grounds, a number of factors must be considered by INS and DOS, including: the alien's age, health, family status, assets, resources, financial status, education and skills. No single factor -- other than the lack of an Affidavit of Support, if required -- will determine whether an alien is a public charge, including past or current receipt of public cash benefits for income maintenance.

Deportation

The INS can deport an alien on public charge grounds only if the alien has failed to meet the benefit-granting agency's demand for repayment of a cash benefit for income maintenance or for the costs of institutionalization for long-term care. INS may initiate removal proceedings only if the benefit-granting agency has the legal authority to demand repayment and has:

- chosen to seek repayment within five years of the alien's entry into the United States;
- obtained a final judgment;
- taken all steps to collect on that judgment; and
- been unsuccessful in those attempts.

Even if these conditions are met, the alien is not deportable on public charge grounds if the alien can show that he or she received public cash benefits for income maintenance or was institutionalized for long-term care for causes that arose after entry into the United States.

Other Public Charge Clarifications

- There is no public charge test for naturalization.
- Public charge is not a factor in whether a non-citizen can sponsor a relative to come to the United States.
- Benefits received by one member of a family are not attributed to other family members for public charge purposes, unless the cash benefits amount to the sole support of the family.

-- INS --

**State-by-State Estimate of Noncitizens Made Eligible for SSI
by FY 2004 Under President's FY 2000 Budget**

State	Individuals
Total	54,000
Alabama	41
Alaska	54
Arizona	614
Arkansas	21
California	21,030
Colorado	427
Connecticut	327
Delaware	28
District of Columbia	63
Florida	5,124
Georgia	397
Hawaii	236
Idaho	40
Illinois	1,746
Indiana	78
Iowa	85
Kansas	123
Kentucky	63
Louisiana	177
Maine	45
Maryland	532
Massachusetts	1,971
Michigan	616
Minnesota	592
Mississippi	38
Missouri	150
Montana	11
Nebraska	60
Nevada	198
New Hampshire	27
New Jersey	1,643
New Mexico	269
New York	8,698
North Carolina	231
North Dakota	14
Ohio	385
Oklahoma	106
Oregon	344
Pennsylvania	846
Rhode Island	263
South Carolina	43
South Dakota	14
Tennessee	108

Texas	4,065
Utah	106
Vermont	16
Virginia	496
Washington	1,036
West Virginia	12
Wisconsin	389
Wyoming	2

Proportional distribution based on noncitizen SSI recipients in 12/98.

Data compiled by SSA.

State-by-State Population Distribution of Noncitizen Children & Women of Child Bearing Age
(Data source: March Supplement to the 1998 CPS Survey)

	Total Non-Citizens		Non-Citizen Children		Non-Citizen Women Age 15-44	
		Percent		Percent		Percent
TOTAL	16,542,147	100.0%	2,461,553	100.0%	5,115,846	100.0%
AK	14,989	0.1%	2,342	0.1%	4,704	0.1%
AL	75,903	0.5%	11,584	0.5%	28,240	0.6%
AR	34,311	0.2%	4,531	0.2%	9,880	0.2%
AZ	470,053	2.8%	83,421	3.4%	159,133	3.1%
CA	5,378,251	32.5%	780,595	31.7%	1,720,921	33.6%
CO	159,956	1.0%	38,086	1.5%	54,937	1.1%
CT	130,932	0.8%	5,012	0.2%	26,305	0.5%
DC	34,767	0.2%	2,473	0.1%	10,059	0.2%
DE	11,987	0.1%	1,989	0.1%	4,454	0.1%
FL	1,298,554	7.8%	194,440	7.9%	385,599	7.5%
GA	145,018	0.9%	16,855	0.7%	60,594	1.2%
HI	103,669	0.6%	9,847	0.4%	28,746	0.6%
IA	49,035	0.3%	12,944	0.5%	15,522	0.3%
ID	69,130	0.4%	15,832	0.6%	21,827	0.4%
IL	757,856	4.6%	129,407	5.3%	203,408	4.0%
IN	41,075	0.2%	3,927	0.2%	16,726	0.3%
KS	65,615	0.4%	14,432	0.6%	20,369	0.4%
KY	49,020	0.3%	13,924	0.6%	19,626	0.4%
LA	56,605	0.3%	9,304	0.4%	19,947	0.4%
MA	386,972	2.3%	62,667	2.5%	112,606	2.2%
MD	282,653	1.7%	45,730	1.9%	78,486	1.5%
ME	11,816	0.1%	1,807	0.1%	4,852	0.1%
MI	295,095	1.8%	37,383	1.5%	92,127	1.8%
MN	136,214	0.8%	25,040	1.0%	52,336	1.0%
MO	30,552	0.2%	0	0.0%	5,740	0.1%
MS	10,822	0.1%	0	0.0%	4,987	0.1%
MT	5,886	0.0%	0	0.0%	2,027	0.0%
NC	153,261	0.9%	33,362	1.4%	56,618	1.1%
ND	3,336	0.0%	410	0.0%	1,998	0.0%
NE	37,549	0.2%	6,110	0.2%	14,554	0.3%
NH	26,874	0.2%	2,618	0.1%	5,822	0.1%
NJ	683,091	4.1%	101,934	4.1%	182,323	3.6%
NM	73,628	0.4%	12,704	0.5%	19,832	0.4%
NV	127,429	0.8%	19,590	0.8%	39,934	0.8%
NY	2,178,581	13.2%	314,639	12.8%	644,499	12.6%
OH	156,082	0.9%	6,312	0.3%	29,476	0.6%
OK	41,416	0.3%	6,228	0.3%	15,254	0.3%
OR	234,996	1.4%	42,796	1.7%	67,352	1.3%
PA	273,210	1.7%	34,634	1.4%	80,559	1.6%
RI	47,130	0.3%	5,014	0.2%	18,318	0.4%
SC	26,916	0.2%	0	0.0%	7,678	0.2%
SD	3,400	0.0%	781	0.0%	1,360	0.0%
TN	58,519	0.4%	0	0.0%	19,190	0.4%
TX	1,622,264	9.8%	242,716	9.9%	516,339	10.1%
UT	93,393	0.6%	19,069	0.8%	25,620	0.5%
VA	242,281	1.5%	33,289	1.4%	96,862	1.9%
VT	8,717	0.1%	1,109	0.0%	2,333	0.0%
WA	235,696	1.4%	44,245	1.8%	80,652	1.6%
WI	99,061	0.6%	10,267	0.4%	22,122	0.4%
WV	6,210	0.0%	0	0.0%	2,117	0.0%
WY	2,369	0.0%	148	0.0%	876	0.0%

President Clinton and Vice President Gore: Fighting for Fairness for Legal Immigrants

New Proposals in the Administration's FY 2000 Budget

President Clinton and Vice President Gore believe that legal immigrants should have the same opportunity, and bear the same responsibility, as other members of society. Upon signing the 1996 welfare law, the President vowed to reverse unnecessary cuts in benefits to legal immigrants that had nothing to do with the goal of moving people from welfare to work. Because of the Administration's leadership, the Balanced Budget Act and the Agricultural Research Act restored eligibility for Medicaid, SSI, and Food Stamps to hundreds of thousands of legal immigrants. The Administration's new FY 2000 budget would build on this progress by restoring important disability, health, and nutrition benefits to additional categories of legal immigrants, at a cost of \$1.3 billion over five years.

Disability and Health

The Balanced Budget Act of 1997 and the Noncitizen Technical Amendments Act of 1998 restored disability and health benefits to 380,000 legal immigrants who were in this country before welfare reform became law (August 22, 1996), at an estimated cost of \$11.5 billion. The Administration's new budget would restore eligibility for SSI and Medicaid to legal immigrants who enter the country after that date if they have been in the United States for five years and become disabled after entering the United States. This proposal would cost approximately \$930 million and assist an estimated 54,000 legal immigrants by 2004, about half of whom would be elderly.

Nutritional Assistance

The Agricultural Research Act of 1998 provided food stamps for 225,000 legal immigrant children, senior citizens, and people with disabilities who came to the United States by August 22, 1996. The Administration's budget would extend this provision by allowing legal immigrants in the United States on August 22, 1996 who subsequently reach age 65 to be eligible for food stamps at cost of \$60 million, restoring benefits to about 2004 elderly legal immigrants by 2004.

Childrens' Health Care and Maternal Care for Pregnant Women

States currently can provide health coverage to immigrant children who entered the country before August 22, 1996. The President's FY 2000 budget would give states the option to provide health coverage to legal immigrant children who entered the country after August 22, 1996. Under this proposal, states could provide health coverage to those children through Medicaid or their CHIP allotment. The proposal would cost \$220 million and serve approximately 55,000 children by FY 2004. Furthermore, the budget proposes to give states the option to provide Medicaid coverage to pregnant legal immigrant women who entered the country after August 22, 1996. Such coverage would help reduce the number of high-risk pregnancies, ensure healthier children, and lower the cost of emergency Medicaid deliveries. This proposal would cost \$105 million and serve approximately 23,000 women by FY 2004.

President Clinton and Vice President Gore: A Record of Restoring Benefits to Legal Immigrants

Upon signing the 1996 welfare law, President Clinton vowed to reverse some of the unnecessary cuts in benefits to legal immigrants. The President and Vice President fought for three laws continuing or restoring SSI, Medicaid, and Food Stamps to certain groups of legal immigrants. The Balanced Budget Act (BBA) "grandfathered" eligibility for SSI and Medicaid for legal immigrants, while the Agricultural Research Act addressed eligibility for Food Stamps. In addition, legislation making technical corrections to benefits for legal immigrants restored SSI and Medicaid eligibility of certain recipients not covered under the BBA.

Balanced Budget Act of 1997 Restored Disability and Health Benefits

The BBA restored SSI and Medicaid eligibility to about 375,000 legal immigrants. CBO estimated the cost of these provisions at \$11.5 billion over five years (\$9.5 billion for SSI, \$2 billion for Medicaid). Briefly, the BBA:

- Continued SSI and related Medicaid for legal immigrants receiving benefits on August 22, 1996;
- Allowed SSI and Medicaid benefits for legal immigrants who were here on August 22, 1996 and who later become disabled;
- Extended the exemption from SSI and Medicaid restrictions for refugees and asylees from five to seven years after entry;
- Classified Cuban/Haitians and Amerasians as refugees, as they were prior to 1996;
- Exempted certain native Americans living along the Canadian and Mexican borders from SSI and Medicaid restrictions.

Agricultural Research Act of 1998 Restored Food Stamp Eligibility

The Agricultural Research, Extension, and Education Reform Act of 1998 restored Food Stamp eligibility to approximately 225,000 legal immigrants at a cost of \$818 million over five years. Under the Act, the following groups became eligible for Food Stamps:

- Noncitizen children under age 18 who entered by August 22, 1996;
- Legal immigrants here by August 22, 1996, who were age 65 and over or disabled on that date, or who become disabled after that date;
- Refugees and asylees for seven years after entry as refugees or obtaining asylum status in the United States, as opposed to five years under the welfare law;
- Hmong refugees; and
- Certain Native Americans living along the Canadian and Mexican borders.

Technical Amendments Act of 1998 Protected Those Receiving Assistance

The Noncitizen Technical Amendments Act of 1998 ensured that individuals who were receiving disability and health benefits when welfare reform became law were able to continue receiving assistance, even if they were too disabled to prove their date of entry into the United States. This change protected an estimated 3,400 elderly and severely disabled recipients at a cost of \$41 million over five years.

The President's FY 2000 Budget Legal Immigrant Benefit Proposal: Restoring Food Stamp Eligibility for Elderly Legal Immigrants

Summary

The President's Budget proposes to restore food stamp eligibility to elderly legal immigrants who were lawfully residing in the United States on August 22, 1996 and later reached age 65. This proposal builds upon the Administration's efforts to restore food stamp eligibility to all elderly legal immigrants who were lawfully present in the United States on August 22, 1996.

Background

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 eliminated food stamp eligibility for most legal immigrants. Three categories of legal immigrants were exempted from the restrictions: (1) lawful permanent residents who could be credited with 40 qualifying quarters of work; (2) veterans, aliens on active duty in the Armed Forces, their spouses and unmarried dependent children; and (3) refugees, asylees, and those with their deportation withheld for 5 years.

The Agriculture Research Act of 1998 restored food stamp eligibility effective November 1, 1998 to about 225,000 of the most vulnerable legal immigrants, including:

- Children under 18 years old who were lawfully present in the United States on August 22, 1996;
- Elderly legal immigrants who were at least 65 years old on August 22, 1996 and were lawfully in the United States on that date;
- Blind/disabled (including those who become disabled) legal immigrants and were lawfully here on August 22, 1996;
- Among refugees who were tribal members at the time they assisted our military during the Vietnam conflict;
- Cross-Border Native Americans living along the Canadian and Mexican borders; and,
- Refugees and asylees who had their food stamp eligibility extended from 5 to 7 years.

The President's Budget FY 2000 Proposal and Rationale

The President's Budget builds upon the Agriculture Research Act by restoring food stamp eligibility to legal immigrants who turned or will turn 65 after August 22, 1996, but who were lawfully residing in the United States on that date. This proposal would restore eligibility to about 20,000 elderly legal immigrants by 2004, and cost \$60 million over 5 years.

While the Agricultural Research Act restores eligibility for some legal immigrants, many vulnerable immigrants remain ineligible. For example, under current law, elderly aliens are eligible for food stamps if they were lawfully residing in the United States on August 22, 1996, and age 65 years or older. However, those legal immigrants who turn 65 after that date remain ineligible. The President's proposal rectifies the inequity of treating elderly legal immigrants differently solely on the basis of date of birth.

The President's FY 2000 Budget Legal Immigrant Benefit Proposal: Restoring SSI Eligibility for Blind and Disabled Legal Immigrants

Summary

The President's Budget provides Supplemental Security Income (SSI) and related Medicaid eligibility for two groups of qualified aliens who are lawfully admitted to the United States after August 22, 1996, and live in the United States for 5 years: individuals who become disabled after their entry; and, certain disabled children.

Background

In a bipartisan effort to restore SSI eligibility to the most vulnerable populations, the Balanced Budget Act of 1997 continued SSI benefits for nearly 300,000 qualified noncitizens who were receiving SSI as of August 22, 1996, and restored SSI eligibility for an estimated 75,000 individuals who were lawfully residing in the United States on that date.

The Noncitizens Benefit Clarification and Other Technical Amendments Act of 1998 continued SSI eligibility to an estimated 3,400 noncitizens who were receiving SSI benefits on August 22, 1996, and would otherwise have lost eligibility under welfare reform.

The President's FY 2000 Budget Proposal

The President's Budget builds upon the Administration's efforts to provide SSI and health care to individuals with disabilities. It proposes to restore SSI eligibility for qualified noncitizens who are lawfully admitted or paroled to the United States after August 22, 1996, become blind or disabled after their entry, and live in the United States for 5 years. Qualified immigrant children who enter the country with a disability would be eligible for SSI if they apply for benefits within a specified period after their entry.

In addition, because the receipt of SSI benefits generally confers Medicaid eligibility, this proposal would extend Medicaid to legal immigrants made eligible for SSI. The proposal would also modify the affidavit-of-support requirement under which a sponsor is liable for reimbursement of any SSI or Medicaid assistance provided a legal immigrant before accumulating 40 quarters of coverage or becoming a U.S. citizen. For disabled legal immigrants made eligible under the proposal, sponsors would not be liable for reimbursement of Medicaid assistance. Sponsors would remain liable for SSI benefits provided, unless the sponsor experiences financial hardship and cannot make reimbursement as determined by the Commissioner.

And finally, the President's Budget modifies the current law requirement to deem sponsors' income and resources, until the legal immigrant becomes a citizen. Under this proposal, no deeming would occur following the general, 5-year bar on immigrant eligibility for Federal benefits.

Under this proposal, approximately 54,000 additional disabled legal immigrants would be eligible for SSI by FY 2004. The 5-year cost of the proposal is estimated at \$585 million for the SSI program and \$344 million for Medicaid.

Rationale

SSI eligibility would be provided with the recognition that most legal immigrants intend to work and become self-sufficient when they enter the United States. However, a serious accident or debilitating illness may leave some legal immigrants unable to work and without sufficient means of support. Therefore, the President's Budget would provide SSI eligibility to low-income legal immigrants if they become blind or disabled after entry into the country.

SSI eligibility would also be provided to severely disabled children admitted into the United States for family reunification. For example, under the proposal, a mentally retarded child would be eligible for SSI 5 years after he reunited with his parent who had earlier immigrated to the United States.

Most of the individuals covered by the proposal have sponsors who signed legally binding affidavits of support. The President's Budget continues to hold sponsors responsible for legal immigrants, and recognizes that sponsors may not have the means to support severely disabled individuals over a period of many years. Sponsors would be liable for both SSI and Medicaid reimbursements during a legal immigrant's first 5 years in the United States. After the fifth year, SSI deeming requirements would continue to hold the sponsor accountable for reimbursement of cash benefits unless the sponsor suffers a financial hardship. Under Medicaid, the reimbursement requirement for medical services would be removed after the fifth year. The proposal takes into consideration the high costs of health care and ensures that the most vulnerable individuals receive the health care they need.

The President's FY 2000 Budget Legal Immigrant Benefit Proposal: Restoring Medicaid and CHIP Eligibility for Pregnant Women and Children

Summary

The President's Budget would give States the option to provide Medicaid or CHIP health coverage to lawfully residing pregnant women and children who enter the country after August 22, 1996. This coverage will allow pregnant women to receive necessary prenatal health care and ensure healthier children.

Background

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 allowed States to provide Medicaid and CHIP coverage to all qualified immigrants who had entered the country as of August 22, 1996, but prohibited qualified immigrants entering after August 22, 1996 from being eligible for Medicaid and CHIP for 5 years after entry.

The Administration's previous successes at restoring eligibility to legal immigrants is reflected in the Balanced Budget Act of 1997 and the Noncitizens Benefit Clarification and Other Technical Amendments Act of 1998 that ensured all qualified immigrants who were in the United States as of August 22, 1996 retained their SSI and Medicaid eligibility. These proposals secured SSI and Medicaid eligibility for about 380,000 legal immigrants who otherwise would have lost eligibility under welfare reform. The Agricultural Research Act of 1998 restored food stamps to about 225,000 of the most vulnerable legal immigrants who were lawfully present in the United States on August 22, 1996. All refugees and asylees entering the country after August 22, 1996 had their SSI, Medicaid, and Food Stamp eligibility extended from 5 to 7 years after entry.

The President's FY 2000 Budget Proposal

The President's Budget gives States the option to extend Medicaid to lawfully residing immigrants who are pregnant and entered the country after August 22, 1996. Such coverage would help reduce the number of high-risk pregnancies and ensure healthier children. An estimated 23,000 legal immigrant women will be insured under this proposal by FY 2004.

This proposal also provides States the option to extend Medicaid and CHIP coverage to lawfully residing immigrant children who entered the country after August 22, 1996. Under current law, these children are not eligible for Medicaid/CHIP coverage. Enactment of this proposal would provide insurance to an estimated 55,000 legal immigrant children by FY 2004.

In addition, the President's Budget would restore SSI for qualified legal immigrants, regardless of age, who entered the country after August 22, 1996, and who become disabled at any time after they entered. The proposal would also extend SSI eligibility to certain qualified legal immigrant children who enter the country with a disability. To the extent that receipt of SSI benefits confers Medicaid eligibility, restoration of SSI would provide Medicaid for qualified legal immigrants. These Medicaid costs are \$344 million through FY 2004.

Hill Visits / Legal Immigrant Benefit Restorations

Initial Meetings

Senate: Daschle [*Kennedy, *Schumer, *Lautenberg, etc. and ranking authorizers (Moynihan and Harkin)] - HHS, SSA, USDA

***Graham - HHS, SSA - likely to attract bipartisan support (Graham should speak to Chafee/Mack/Jeffords first)**

****Chafee - HHS, SSA, USDA**

****Jeffords - HHS, SSA**

House: Gephardt [Levin, Hispanic Caucus, Meek, etc] - HHS, SSA, USDA

Rangel - HHS, SSA, USDA

***Nancy Johnson - HHS, SSA**

***Cardin - HHS, SSA**

Dingell - HHS, SSA

***Waxman - HHS, SSA**

****Greenwood - HHS, SSA**

Follow-Up Meetings

Senate

Finance Committee Democrats (if necessary) - HHS, SSA, USDA

Roth - HHS, SSA, USDA

Agriculture Committee Democrats (if necessary) - HHS, SSA, USDA

Lugar - USDA

House

Ways and Means Democrats (if necessary) - HHS, SSA, USDA

Shaw - SSA

***Houghton - SSA**

Foley - SSA

Commerce Democrats (if necessary) - HHS, SSA, USDA

Bilirakis - HHS, SSA

Stearns - HHS

Agriculture Democrats (Clayton) - USDA

Ros-Lehtinen

Diaz-Balart

*** Possible sponsors of the Administration's proposal**

**** Specific interest in the Medicaid restorations**

Bold indicates primary meetings

Senate

Graham

Wellstone

Leahy

Feinstein

Torbin

House

Levin

Food Stamps Q&As

Q1: Who would have eligibility restored?

A1: Legal immigrants who were in the United States on August 22, 1996, who later reached age 65 would be eligible for food stamp benefits.

Q2: How many legal immigrants would be affected?

A2: This proposal would restore eligibility to 15,000 people in FY 2000. Over a 5-year period 80,000 legal immigrants will be affected -- 15,000 each year for FYs 2000, 2001, 2002, and 2003; and 20,000 in FY 2004.

Q3: How much will this proposal cost?

A3: \$10 million for FY 2000; \$60 million over 5 years.

Q4: Under this proposal, will all categories of legal immigrants who became ineligible by PRWORA have their eligibility restored?

A4: No. The President's Budget builds upon the restoration authorized in last year's Agriculture Research Act. However, of those legal immigrants who were in the country before August 22, 1996, legal immigrants between the ages of 18 and 64 remain ineligible, including non-elderly parents in households with children under 18. Most legal immigrants who arrive in the United States after August 22, 1996 continue to be ineligible for food stamp benefits.

Q5: Does the President's Budget restore other Federal benefits to legal immigrants?

A5: Yes. The food stamp proposal is part of a \$1.3 billion package that restores SSI eligibility to those who entered the United States after August 22, 1996, when welfare reform was enacted, if they have been in the country for 5 years and became disabled after entering. States would also have the option to provide health coverage to legal immigrant children and pregnant women who entered after welfare reform.

SSI Q&As

Q1: Which immigrants would be helped by the SSI proposal in the draft bill?

A1: Under the proposal in the draft bill, eligibility for SSI would be restored to legal immigrants who enter the country after August 22, 1996, become blind or disabled after the date of their entry, and have lived in the United States for 5 years. An exception to the disabled-after-entry provision would be made for children who file for SSI benefits before age 18, or if they have turned 18 since their entry, file for benefits within 6 months after the expiration of the 5-year period.

Benefits would be paid to individuals aged 65 or older if they also were blind or disabled. Legal immigrants could not become eligible for SSI under the proposal solely based on their being aged 65.

Many immigrants enter the country legally and play by the rules. Sometimes they suffer unforeseen, disabling illnesses or accidents. Generally no assistance would be available to them under current law until they become U.S. citizens or have 10 years of work history.

These individuals and their families should not be left without a safety net solely because they entered the country after a specified date. This proposal would provide these legal immigrants with a safety net if they become victims of an unforeseen calamity and are unable to provide for their own support.

An estimated 54,000 legal immigrants would be eligible under this proposal by 2004. About half of them would be aged 65 or older.

Q2: Each year since 1996, Congress has enacted exceptions to the noncitizen restrictions on SSI eligibility originally enacted as part of welfare reform. Why is the Administration requesting yet another exception?

A2: Upon signing the 1996 welfare reform legislation, President Clinton pledged to reverse the unnecessary eligibility restrictions to legal immigrants--restrictions that had little to do with the goal of moving people from welfare to work. Those eligibility criteria have not yet been fully restored.

For the most part, the legislative changes that were made to welfare reform in 1997 and 1998 regarding SSI eligibility for noncitizens had to do with continuing SSI eligibility for noncitizens already on the SSI rolls and protecting the potential SSI eligibility of noncitizens who were in the United States before the enactment of welfare reform.

Now we are able to turn to restoring SSI eligibility for the recently arrived legal immigrants and for those who arrive in the future, who become disabled after their entry into the United States.

It is also appropriate now to provide SSI eligibility to legal immigrant children with

congenital disabilities and those who may have been injured or overcome by illness at a young age. Such children generally immigrate to the United States under family unification provisions of immigration law. The argument for restricting SSI eligibility so that it does not act as a magnet for immigration is not persuasive in the context of a severely disabled child being reunited with his or her mother, father, or siblings.

Q3: U.S. citizens may be eligible for SSI at age 65. Why doesn't the proposal in the draft bill provide SSI eligibility to immigrants based on their being aged 65 or older?

A3: Providing SSI eligibility on the basis of age alone was one of many proposals considered during development of the draft bill. It was not included for a number of reasons, including program cost. The proposal limiting SSI eligibility to disabled or blind legal immigrants of any age was decided upon because it better targeted those who would be most in need because they would be unable to work.

Many individuals aged 65 or older could become eligible for SSI based on disability. Current law provides SSI for individuals who were in the country prior to August 22, 1996, if they are blind or disabled. At present, about two-thirds of the noncitizens aged 65 or older who file for disability benefits are found to be disabled. However, with actions we are now undertaking to improve our evaluation of these claims and proposed policy clarifications, we expect that this number will increase in the future. We expect that the number of disability allowances would be about the same for aged individuals who enter the country after August 22, 1996.

Data show that the incidence of disability increases with age. Further, it is expected that with proposed policy clarifications -- several of which emphasize disability issues with increasing age -- virtually all immigrants aged 75 and older who file for SSI would be found disabled.

Q4: Why does the Administration's proposal modify sponsor-to-immigrant deeming but retain the general 5-year ban on noncitizen eligibility for SSI benefits?

A4: During the debate on welfare reform, the Administration supported provisions for holding sponsors more responsible for the legal immigrants that they sponsor and the requirement that they sign legally enforceable affidavits of support.

However, we recognize that in some cases, individuals who sponsor healthy individuals with the expectation that the legal immigrants would be able to provide for themselves through work, may not be able to afford supporting legal immigrants who become disabled and are no longer able to work.

The proposal would revise the sponsor-to-immigrant deeming provisions, which generally require the deeming of a sponsor's income and resources until the legal immigrant earns 40 quarters or becomes a U.S. citizen. Sponsor-to-immigrant deeming would be modified so that no deeming would occur following the general 5-year ban on immigrant eligibility for public assistance benefits.

Requiring sponsors to provide support for at least the first 5 years after the legal immigrants' entry into the United States in the case of legal immigrants who become disabled, recognizes the sponsors' obligation while protecting the sponsor from possible impoverishment because of medical and other increased costs associated with supporting an individual with a disability.

Retaining the 5-year ban and modifying the deeming requirement would allow individuals to become eligible for SSI after they have been in the United States for at least 5 years. Without a deeming modification, many disabled legal immigrants likely would never be eligible for SSI because they would not be able to earn 40 quarters and might not be able to pass the naturalization test. The modification to deeming creates a safety net for disabled individuals.

Deeming requires an administrative determination of the sponsor's income and resources. The 5-year ban applies regardless of the amount of the sponsor's income or resources. In this regard it is simpler to administer the 5-year ban than deeming.

Q5: Why doesn't the Administration completely exempt sponsors from the requirement for reimbursing the Agency for SSI benefits the legal immigrant received during the period the affidavit of support is in effect?

A5: Except in certain specified situations, current law requires SSA to seek reimbursement from a sponsor for any SSI benefits provided to the legal immigrant he or she sponsored during the period in which the affidavit of support is in effect (which is generally until the immigrant earns 40 quarters or becomes a U.S. citizen).

The proposal would exempt sponsors from the reimbursement requirement with regard to Medicaid assistance provided to the legal immigrant as a result of his or her SSI eligibility, but does not exempt the sponsor from the reimbursement requirement with regard to the SSI benefits provided unless the sponsor has a financial hardship. (The Commissioner of Social Security will develop policy concerning what constitutes a "financial hardship.")

Many sponsors would not be able to afford to reimburse for expensive medical services, but may be able to afford to reimburse, for example, the \$500 a month in SSI benefits the legal immigrant received.

The proposal strikes a fair balance between requiring sponsors to completely live up to their obligations and the recognition that expenses associated with disability may strain the finances of even well-to-do sponsors.

The modification of the affidavit-of-support requirement regarding reimbursement would remove a disincentive for potentially eligible disabled legal immigrants to file for SSI benefits for fear that their impoverished sponsors could be sued for support.

Medicaid and CHIP Q&As

Q1: Under current law, does Medicaid or CHIP provide any coverage for legal immigrant children and citizen children born to immigrant parents? What about pregnant women?

A1: Any child or pregnant woman born in the United States, or naturalized, is a U.S. citizen and is eligible for public programs, the same as any other citizen. With respect to legal immigrants, including children, current law provides Medicaid or CHIP coverage for the following categories: (1) legal immigrants who were in the United States before August 22, 1996, at State option; (2) legal immigrants arriving on or after August 22, 1996 after continuous residence for 5 years, at State option; (3) refugees, asylees, and certain Cuban, Haitian and Amerasian immigrants, for their first 7 years; and, (4) unmarried, dependent children of veterans and active military duty.

Because Medicaid and CHIP are federal means-tested public benefits, they cannot be provided to immigrant children or pregnant women who entered the United States after August 22, 1996, during their first 5 years here (with certain exceptions). Because of sponsor deeming, most are likely to remain ineligible until they become citizens. *As more legal immigrants arrive every year, the numbers of uninsured children and pregnant women will continue to grow.*

States may use their own State funding to provide medical services to legal immigrant children who arrived after August 22, 1996. Also, undocumented immigrants are only eligible for emergency Medicaid.

Q2: How does the budget propose to expand health coverage to legal immigrant children and pregnant women through Medicaid and Children's Health Insurance Program (CHIP) Assistance?

A2: The budget gives States the option to provide Medicaid and CHIP assistance to legal immigrant children who enter the United States after August 22, 1996, during their first five years here. This proposal will help achieve the goal of providing access to comprehensive health care for all vulnerable children.

In addition, it would give States the option to provide Medicaid coverage to pregnant legal immigrants who enter the United States after August 22, 1996, during their first five years here. This would help us provide access to important prenatal and delivery services and therefore ensure the health of all children born in the United States.

Because these proposals are at State option, States retain flexibility in Medicaid and CHIP program design.

In sum, the proposals would eliminate:

- The "five year ban" on receipt of means-tested public benefits for CHIP and Medicaid for "lawfully residing" children and pregnant women;

- The requirement that States request reimbursement from the immigrant's sponsor for the cost of Medicaid/CHIP benefits provided; and
- The eligibility-limiting requirement to deem a sponsor's income and assets as available to the child or immigrant mother.

Q3: How much will this proposal cost? How many additional kids will it cover? How many pregnant women?

A3: Medicaid and CHIP coverage for children is estimated to cost \$220 million for FY 2000 through FY 2004 and is expected to provide coverage for up to 55,000 additional children. The Medicaid proposal for pregnant women would serve 23,000 by FY 2004 and cost \$105 million.

Because the proposals are structured as State options, we can not reliably estimate the specific impacts on States. However, the *attached table* shows the state-by-state population distribution of immigrant children and women of child-bearing age (based on March, 1998 CPS estimates).

Q4: What are the State impacts of the proposals? How many additional kids will be covered in my State? How many pregnant women will be covered?

A4: Because the proposals are structured as State options, and because of limitations in the data, we can not reliably estimate the specific impacts on States. We estimate that a total of 55,000 legal immigrant children, and 23,000 legal immigrant women, will be insured across the country under this proposal by FY 2004. The *attached table* shows how many immigrant children and women of child-bearing age are living in each State (based on March, 1998 CPS estimates). State-specific impact will depend on which States exercise their option to cover under their CHIP and Medicaid programs those immigrant children and women entering the country after August 22, 1996. In addition, the number of immigrants who become eligible in a State electing the new option will depend on state-established income and resource eligibility criteria under their CHIP and Medicaid programs.

OFFICE OF MANAGEMENT AND BUDGET**Legislative Reference Division
Labor-Welfare-Personnel Branch****Telecopier Transmittal Sheet****SPECIAL****FROM: Bob Pellicci -- 395-4871****DATE:** 4/20**TIME:** 4 35 PM**Pages sent (including transmittal sheet):** 4**COMMENTS:** Justice (INS) response/Views
Re: HHS' immigrant legislation.**TO:** Cynthia Rice
Jeanne Cambrew
Eric Gould
Devorah Adler
Irene Bueno**PLEASE CALL THE PERSON(S) NAMED ABOVE FOR IMMEDIATE PICK-UP.**

SPECIAL

April 19, 1999

Note for Bob Pellicci, OMB

From: Greg Jones, DOJ

Re: HHS draft bill on noncitizen children & pregnant women benefits

We have no objection to this proposal in concept, as it is apparently part of the President's FY 2000 budget. We do question whether, in order to achieve the goal of restoring Medicaid eligibility to children & pregnant women, the proposed bill would also need to refer to section 402(b) of PRWORA, in proposed section 2(a)(1).

In particular, Section 2(a)(1) would create new subsection 42 U.S.C. § 1396d(v)(3)(C). Should that subsection state: "For purposes of paragraphs (1) and (2), an individual is described in this paragraph if the individual -- . . .

(C) would be eligible for medical assistance (or for a greater amount of medical assistance) under the State plan under this title but for any or all of the provisions of section 401(a), 402(b), 403, or 421 of Public Law 104-193."?

By including a specific reference to 402(b), the law would make clear its intention to preempt any state law that might be passed pursuant to 402(b) that further limits Medicaid eligibility for aliens, if that indeed is its intention.

See also staff comments from the INS, which appear to raise a couple of very good points.

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Comments on Noncitizen Children & Pregnant Women Health Benefits Act

The bill inadequately defines which aliens it makes eligible for medical and child health assistance. As written, it applies to "lawfully residing" alien pregnant women or children, which is further defined as otherwise qualifying aliens who entered the United States on or after August 22, 1996 who are aliens "lawfully residing in the United States (as determined pursuant to the rules of the Immigration and Naturalization Service)." This definition delegates the entire authority to define the terms of Medicaid and CHIP eligibility to the INS by rulemaking. At present, the INS has no regulatory definition of lawful residence. One has been proposed in an August 4, 1998 proposed rule on verifying eligibility for public benefits, but that rule has not been finalized, and has a two year statutory implementation period following final promulgation. That approach defines lawful residence for the purpose of verification as combining lawful presence as provided in 8 CFR 103.12 with "residence" as defined by section 101 of the Immigration and Nationality Act (INA) ("the place of general abode; the place of general abode of a person means his principal, actual dwelling place in fact, without regard to intent").

At the present time, the regulatory definition of lawful presence is limited to Title II Social Security benefits, and is an extremely broad definition tailored to that specific purpose. It includes, for example, nonimmigrants, who may have qualified for such benefits through their work history in the United States. For the limited purposes to which "lawful residence" has so far been put for purposes of welfare reform (certain military veterans only), a definition that couples a very broad definition of lawful presence with a definition of residence is acceptable pending further rulemaking defining lawful presence for purposes other than Title II Social Security, but it is a questionable basis upon which to base major changes to a program such as Medicaid. For example, it is conceivable that students or other nonimmigrants could be considered eligible, despite a nonimmigrant status, on the basis of their lawful presence plus a showing that their "principal, actual dwelling place in fact, without regard to intent" is in the United States. INS and other agencies look at "lawful presence" differently depending on the circumstances; for example, different definitions pertain under section 212 of the INA for the purpose of admissibility to the United States, under INS regulations for Title II Social Security purposes as discussed above (very broad definition), and under Bureau of Alcohol, Tobacco and Firearms regulations (27 CFR 178) for firearms possession (narrower definition). Because there are so many different immigration statuses under the INA, and so many gray areas in terms of "lawful" presence that arise as a result of applications for, and consideration of eligibility for, immigration benefits under the INA, the INS did not before September of 1996 either have to, or find it helpful to define "lawful presence" as a bright-line divider of aliens into two groups, and as a result the INS does not have regulations in place that clearly and satisfactorily define "lawful residence" for purposes of substantive health benefit eligibility.

In short, this bill does not provide clear guidance on the intended group of eligible aliens. Who, exactly, is this bill intended to benefit? Nonimmigrants? "Qualified aliens?" PRUCOL aliens? Rather, it simply defers the question to INS rulemaking. In addition,

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the bill, by not basing alien eligibility on recognized immigration statuses under the INA, places a significant verification burden on both the INS and the benefit-granting agency. (2)

The purpose of section 2(a)(3) is unclear. It appears on its face to remove even the pre-welfare reform PRUCOL limitation on Medicaid eligibility for certain aliens. Who is intended to benefit from this provision? It would only seem necessary if there are child or pregnant aliens who are "lawfully residing," but not PRUCOL, and to whom the Administration wishes to provide Medicaid. Are there? If so, who are they? Why, in a bill pitched as removing a welfare reform limitation on eligibility, is there a clause that appears to expand eligibility beyond what it was even before welfare reform?

The phrasing of section 2(f) and similar clauses with respect to sponsor reimbursement requirements is unacceptable. A federal law should not direct a state to "disregard" the INA, or any other federal statute. This creates conflicting obligations of federal law. The intention of these provisions is fine, but the drafting is not. If the Administration and Congress want to make an exception to section 213A(b) of the INA with respect to these benefits, they should do so directly, rather than leaving them in place but directing states not to obey them. The following language would correct this problem: "The requirements of section 213A(b) of the Immigration and Nationality Act shall not apply with respect to benefits under this title provided to a child who is eligible for such benefits because of the provisions of section 2110(b)(3)(B), and a State child health plan shall so provide." (3)

Embargoed
until March 1, 1999

**TRENDS IN NONCITIZENS' AND CITIZENS' USE OF PUBLIC BENEFITS
FOLLOWING WELFARE REFORM, 1994-1997**

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February 1999

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“NONCITIZENS’ USE OF PUBLIC BENEFITS DECLINES FASTER THAN CITIZENS FOLLOWING WELFARE REFORM”

Michael Fix
Jeffrey S. Passel
The Urban Institute

BACKGROUND

With the enactment of the 1996 welfare reform act,¹ the Congress imposed broad new restrictions on legal immigrants’ access to public benefits, set new time limits on refugees’ eligibility for many federal benefits, and introduced new bars on the access of “unqualified immigrants” to services.² But perhaps more important than these changes in eligibility are welfare reform’s chilling effects — chilling effects that may discourage immigrants from using health, nutrition, or other benefits, despite the fact that many remain eligible. These chilling effects originate, among other things, in confusion on the part of immigrants and providers about who is eligible for benefits and in fears relating to the application of the public charge doctrine.³

An earlier study by the Urban Institute found evidence of such chilling effects in Los Angeles County.⁴ In that study, approved applications of legal noncitizen families for Medi-Cal and Temporary Assistance for Needy Families (TANF) fell 71 percent between January 1996 and January 1998, while there was no decline among citizens. The drop occurred even though during the period examined, there was no change in legal immigrants’ eligibility for these programs in California and denial rates in the County remained steady.

In this brief report we use the Census Bureau’s Current Population Survey (CPS) to document *national* trends in immigrants’ use of public benefits in the period following welfare reform. Specifically, we examine changes in participation between 1994 and 1997 reflected by the March CPS.⁵ During 1994 changes in welfare rules were just beginning to be broadly

¹ The Personal Responsibility and Work Opportunity Reconciliation Act, Pub. L. 104-193 (1996).

² While most of these unqualified immigrants are undocumented immigrants, many are legally present in the United States and have work authorization. See, generally, Michael Fix and Wendy Zimmermann, “The Legacies of Welfare Reform’s Immigrant Restrictions,” *Interpreter Releases*, November 16, 1998.

³ “Public charge” is a term used by the Immigration and Naturalization Service (INS) and the State Department to describe someone who has, or is likely to become, dependent on public benefits. Public charge considerations have historically been a factor in the admissibility of aliens (i.e., grant of a green card) and, only rarely, in the deportation of aliens in the United States less than five years.

In the past several years, public charge has been inappropriately invoked in some instances where noncitizens have attempted to reenter the United States and where immigrants have sought to naturalize. In some cases, noncitizens seeking to adjust status, naturalize, or reenter the country have been asked to repay public benefits. The legality of compelling repayment in these contexts is suspect.

⁴ See, Wendy Zimmermann and Michael Fix, “Declining Immigrant Applications for Medi-Cal and Welfare Benefits in Los Angeles County,” The Urban Institute, July 1998.

⁵ The CPS collects information on program use and income in March for the preceding *calendar* year. Thus, the information collected in the March 1995 CPS pertains to calendar year 1994; and the March 1998 CPS, to calendar year 1997. Throughout this document, we use the CPS data from March 1995 and 1998 for reference years

debated. By the end of 1997, welfare reform had been in place for a year and a half, although full implementation was not yet complete. In addition, the CPS for both years provides comparable data on benefit use for the entire nation.

The current analysis builds on methods developed by the Urban Institute over the past decade that permit us to distinguish refugees, naturalized citizens, and temporary immigrants from other legally-present immigrants.⁶ Drawing such distinctions is important for two main reasons. First, conventional comparisons between the benefit use rates of natives and the foreign-born mask substantial variation in rates and trends among substantively different segments of the foreign-born population. Second, following welfare reform, citizenship status has become an increasingly important determinant of eligibility for public benefits.

We should emphasize that most legal immigrants and refugees remained eligible for welfare and Medicaid benefits throughout the period examined: 1994 through 1997.⁷ The same cannot be said for federal food stamps, however, as many legal immigrants' eligibility was supposed to end as of September 1997, while new noncitizen applicants became ineligible starting October 1996. Finally, while most immigrants arriving after welfare reform's enactment are barred from federal means-tested public benefits for at least five years,⁸ these "future" immigrants represented a small share of the noncitizen population at the time of the March 1998 CPS.

PRINCIPAL FINDINGS

- ▶ When viewed against the backdrop of overall declines in welfare receipt for all households, *use of public benefits among noncitizen households⁹ fell more sharply between 1994 and 1997 (35 percent) than among citizen households (14 percent)*. These patterns hold for welfare (defined here as TANF, SSI, or General Assistance), food stamps, and Medicaid.
- ▶ *Refugees experienced declines (33 percent) that are at least as steep as those within the noncitizen population* — despite the protections for refugees incorporated

1994 and 1997. The data from the March 1995 CPS have been reweighted to correct for an error in the official weights (Jeffrey S. Passel and Rebecca Clark, "Immigrants in New York: Their Legal Status, Incomes, and Taxes," The Urban Institute, April 1998).

⁶ See, Passel and Clark, *supra* note 5.

⁷ Welfare reform gave the states the option of barring legal immigrants in the U.S. before August 22, 1996 from TANF and Medicaid. However, virtually all states extended benefits to these pre-enactment immigrants. See, Fix and Zimmermann, *supra* note 2.

⁸ "Federal means-tested public benefits" have been determined to be Temporary Assistance to Needy Families (TANF), Medicaid, the Child Health Insurance Program (CHIP), Supplemental Security Income (SSI) and food stamps.

⁹ Unless otherwise noted, the comparisons of citizens and noncitizens exclude refugees and temporary immigrants (i.e. "nonimmigrants" according to immigration law), which are treated separately. *Citizens* include natives, persons born in Puerto Rico and other outlying areas, and immigrants who have acquired citizenship through naturalization. *Noncitizens* include aliens admitted as lawful permanent residents and undocumented immigrants.

into welfare reform and the fact that few refugees¹⁰ had lost their eligibility for benefits by March 1998.

- ▶ *For low-income populations (i.e., with incomes below 200 percent of poverty), program usage also fell faster for noncitizen than citizen households.*
- ▶ *Welfare use in noncitizen households with children also fell faster (36 percent) than households with children where all adults are citizens (23 percent).*
- ▶ One result of these trends is that *noncitizens account for a disproportionately large share of the overall decline in welfare caseloads that occurred between 1994 and 1997*. While 23 percent of the drop in welfare caseloads can be ascribed to noncitizens, they represented only 9 percent of households receiving welfare in 1994.
- ▶ *Welfare use among elderly immigrants and naturalized citizens did not appear to change between 1994 and 1997.*
- ▶ *When welfare use among "all" households is examined, noncitizen participation levels are higher than citizens' in both 1994 and 1997, despite rapid declines in noncitizen use rates. But, when we look at poor households (i.e., those under 200 percent of poverty), noncitizens' participation rates in 1994 were no different from those of citizens; by 1997, however, levels had declined so that noncitizens had lower participation rates than citizens (14.5 versus 17.9 percent). When we examine poor households with children, noncitizen rates are lower for both 1994 and 1997 — falling to almost half of the level of citizens in 1997 (14.0 versus 25.8 percent).*
- ▶ *Neither naturalization nor rising incomes account for a significant share of noncitizens' exits from public benefit use.*

In the following section we examine patterns of benefit use in three different ways. First, by *household*, disaggregating by all households, by households with incomes below 200 percent of poverty, and by those containing children. We then present findings for *individuals*, distinguishing use patterns for working-age adults 18 to 64 and the elderly, age 65 and over. We conclude the section by disaggregating trends by differing *legal status* groups, most notably refugees and naturalized citizens. In each instance, differing units of observation reveal differing relative levels and trends in benefit use by citizens and noncitizens.

¹⁰ A refugee is defined legally as a person outside his/her country of nationality who is unable to return because of a well-founded fear of persecution. Because their departure from their home country is involuntary and unplanned, and because many suffer physical or mental trauma, refugees have been made eligible for most public benefits from the date of their arrival.

We assign refugee status based on country of birth and period of entry to the United States. For persons entering after 1980, we define a "refugee country" to be one where refugees and asylees account for more than 40 percent of total admissions of legal permanent residents, refugees and asylees during any two-year period. See Passel and Clark, *supra* note 5.

The analysis examines the use of welfare, food stamps and Medicaid. While complete results are set out in the figures and tables included in this report, selected outcomes are highlighted in the narrative below. Because trends in food stamp and Medicaid use generally parallel those for welfare we usually report results just for welfare.

DETAILED FINDINGS

A. Household-level Analyses

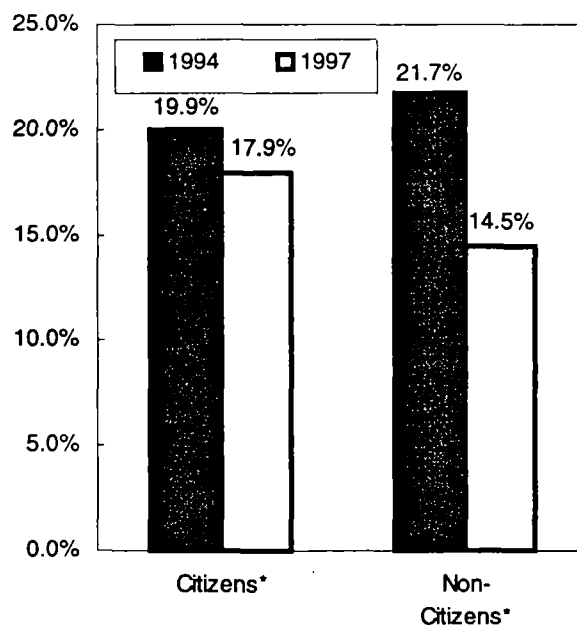
Relative benefit use rates for citizens and noncitizens differ greatly depending on whether we focus on “all” households, poor households, or households with children. The reasons for these differences are straightforward. Poor households are far more likely to be eligible for and use benefits, and noncitizens are more likely to be poor. Fifty-four percent of noncitizen households have incomes below 200 percent of poverty compared with 31 percent of citizen households (Table 4).

While controls for poverty have occasionally been taken into account in discussions of immigrant welfare use,¹¹ differences between households with and without children have been less frequently invoked. Yet, such differences are significant because households with children are considerably more likely to use benefits, and immigrant households are more likely to contain children. As we report below, when we *separately* control for poverty and the presence of children, differences in program use rates between citizens and noncitizens diminish and, in some instances, disappear altogether. When we control for *both* poverty and the presence of children, noncitizen use of benefits is consistently *lower* than citizens, both before and after welfare reform.

“All” Households. Welfare receipt by noncitizen households fell much faster (35 percent) than citizens’ (14 percent) between 1994 and 1997. However, despite these steeper declines, noncitizen use of welfare remained higher than citizens’ in 1997 — 9.0 versus 6.7 percent (Table 1 and Figure 1). By 1997, far more immigrants had lost food stamps than welfare. Yet, our data show that noncitizens’ participation in each declined at roughly the same rate, with the rate of decline in welfare being marginally faster than in food stamps. (35 percent versus 30 percent).

Households Below 200 Percent of Poverty. The picture of higher welfare use by noncitizens shifts significantly when we control for poverty. By 1997, noncitizens with incomes below

Chart A. Percent of Households Receiving Welfare: Income Below 200 Percent of Poverty



¹¹ See, for example, *From Generation to Generation, The Health and Well-Being of Children in Immigrant Families*, National Research Council, Institute of Medicine, National Academy Press, Washington D.C., 1998.

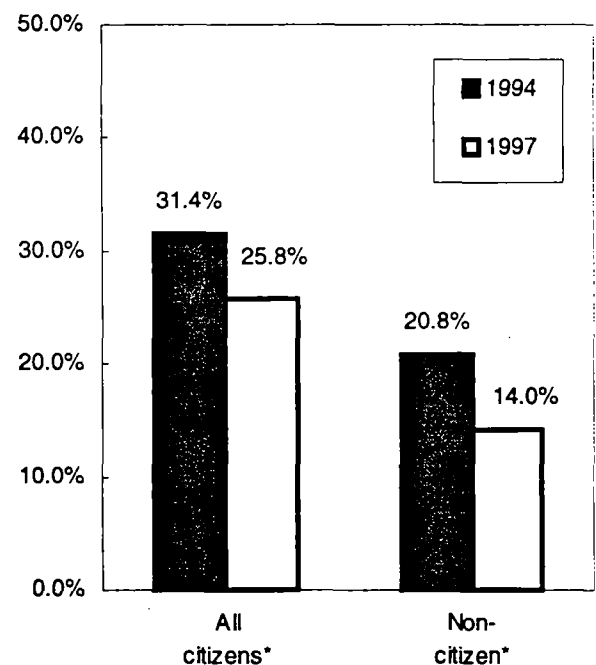
200 percent of poverty had use rates that were significantly *lower* than citizens — 14.5 versus 17.9 percent (Chart A). Here again, noncitizen participation rates dropped faster than citizens' between 1994 and 1997 (33 versus 10 percent). For both food stamps and Medicaid, noncitizens' use also fell faster than citizens' during the same period, so that by 1997 relative participation levels within each program were effectively the same for both groups (Table 1 and Figure 1).

Households With Children. When we control for the presence of children, we also see declines to the point where noncitizen welfare usage rates in households with children are not significantly different from citizens (8.9 versus 9.6 percent, in Table 3). Rates for both declined rapidly between 1994 and 1997 — 35 percent for noncitizens and 23 percent for citizens — but the difference in the rate of decline is not statistically significant (Table 3 and Figure 3).

In these households with noncitizen adults, many of the children are citizens, principally because they were born in the United States. In fact, there is at least one citizen child in 85 percent of noncitizen households with children. These mixed status households are of substantial demographic importance in the United States as about one in 10 American children live in a household where one or more of the parents is a noncitizen and one or more of the children is a citizen.¹²

Households with Children Below 200 Percent of Poverty. Given the large share of noncitizen households that are poor and that contain children, one approach to assessing relative benefits is to control for *both* poverty and the presence of children. When we do so, we see much *lower* usage among noncitizen households, both before and after welfare reform. With the rapid declines that occurred for both groups, noncitizen welfare use in 1997 is about half the rate for citizens — 14.0 versus 25.8 percent. See Chart B, Table 3, and Figure 3.

**Chart B. Percent of Households With Children
Receiving Welfare:
Income Below 200 Percent of Poverty**



B. Individual-level Analyses

Individual-level analyses of welfare use among citizens and noncitizens produce results that differ from aggregate household-level analyses because of patterns of welfare reporting in the CPS, differences in welfare use, and structural differences in the populations.¹³ "Welfare

¹² See, Fix and Zimmermann, *supra* note 2.

¹³ See Jennifer Van Hook, Jennifer E. Glick, and Frank D. Bean, "Public Assistance Receipt Among Immigrants and Natives: How the Unit of Analysis Affects Research Findings," *Demography* 36 (1, February 1999): 111-120.

use” for an individual in the CPS is defined as having income from TANF, General Assistance, or SSI; a household “uses welfare” if anyone in the household has welfare income. One issue in reconciling individual and household use rates, as well as comparing the Census with administrative data, is the fact that income data is collected only for persons aged 15 and over. Thus, if a child is receiving public assistance income, the income will either be ascribed to the parent or missed.

This income-based measure of welfare use means that most households report welfare participation as though there is only a single welfare recipient. For example, a single mother with two children receiving TANF income is only counted as one welfare unit or recipient, not three. The individual-level analysis differs from the household approach by ascribing use to only the welfare recipient, not other household members who may not be receiving welfare.

Because there are almost twice as many adults (197 million, see Detailed Table B) as households (103 million, see Detailed Table A), welfare use rates for individuals, then, should be lower than for households. In addition, noncitizen households are larger than citizen households and are more likely to contain children. Thus, we would expect larger differences in usage rates between households and individuals among noncitizens; the data also support this.

Our analysis below focuses on two important subpopulations: working-age adults, aged 18 to 64, and the elderly, aged 65 and over.

Working-Age Adults. Working-age noncitizens’ use of welfare fell roughly three times faster than citizens’ between 1994 and 1997 — 41 versus 15 percent (Table 2). A similar pattern is evident for Medicaid.¹⁴ By 1997, there is no statistical difference between citizen and noncitizen participation rates for welfare (4.0 versus 3.3 percent) or Medicaid (6.7 versus 7.2 percent). See Table 2 and Figure 2.

Elderly Immigrants. In sharp contrast to most of the other components of the analysis reported here, we find no statistically significant decline in either welfare or Medicaid use on the part of elderly noncitizens. In fact, we find no significant change in welfare receipt among the elderly, regardless of citizenship status (Table 2 and Figure 2).

Elderly noncitizen use of welfare and other benefits is much higher than is the case for citizens. In 1997, only 3.7 percent of elderly citizens used welfare compared to 19.0 percent of noncitizens (Table 2, Figure 2). Higher use of welfare (primarily SSI) and Medicaid among elderly noncitizens can be attributed to the fact that many have not worked in the United States long enough to qualify for Social Security or Medicare. Moreover, the absence of a decline in usage since 1994 may be explained, at least in part, by the restoration of SSI benefits to pre-enactment immigrants.

One suggestive result that emerges from the analysis is the apparent rise between 1994 and 1997 in the number and share of *naturalized* elderly who are receiving welfare benefits — from 99,000 or 5.9 percent to 167,000 or 9.0 percent (Detailed Table B). During the same time period, there is a commensurate decline of 50,000 in the number of *noncitizen* elderly receiving benefits. One hypothesis that can be advanced is that the decline in noncitizen participation for this subpopulation may be partially attributable to

¹⁴ In the CPS, food stamp usage is a household-level variable, so we do not report individual usage patterns.

Their usage was virtually identical to natives and did not change significantly between 1994 and 1997.

Noncitizens. The residual foreign-born subpopulation, noncitizens, had a large decline of 4.9 percentage points to 9.0 percent in 1997, but their use rate remained somewhat higher than citizens.

GENERAL OBSERVATIONS

Chilling Effects versus Eligibility Changes

- ▶ Because comparatively few legal immigrants were ineligible for public benefits as of December 1997, it appears that the steeper declines in noncitizens' than citizens' use of welfare, food stamps, and Medicaid owe more to the "chilling effect" of welfare reform and other policy changes than they do to actual eligibility changes. In addition, the fact that welfare use among noncitizens dropped as steeply as food stamp use (where new restrictions extended far more broadly) suggests that eligibility changes in one program may chill noncitizens' use of other programs. Over time, eligibility changes will grow in importance as most immigrants admitted after August 22, 1996 will be ineligible for most means-tested public benefits for at least five years after their entry to the country.

Noncitizens Do Not Appear to Be Naturalizing to Retain Benefits

- ▶ The consistently low share — and number — of naturalized immigrants who receive benefits indicate that the strategy of becoming a citizen in order to retain benefits is not widespread. If most immigrant benefit recipients were naturalizing to retain benefits then the number of naturalized citizens receiving benefits would have grown substantially more than it did.¹⁷

Rising Incomes Do Not Explain Lower Program Participation Rates Among Noncitizens

- ▶ One possible explanation for the faster declines in program participation among noncitizens than among citizens could be that incomes are rising faster for noncitizens. To address this issue, we use demographic standardization techniques (described below) to partition changes in program participation over 1994–1997 into the share attributable to changes in income and the share attributable to changes in income-specific participation rates. Our analysis finds that most of the change is *not* due to rising incomes. Only 6 percent of the decline in welfare use among noncitizens can be explained by rising incomes versus 30 percent of the decline among citizens; similar results hold for food stamps and Medicaid (Table 4).

¹⁷ The data in Detailed Table B show that the number of naturalized citizens aged 18 and over reporting welfare income rose by only 75,000 between 1994 and 1997 while the number of naturalized citizens increased by 1,419,000. During that period, the number of noncitizens reporting welfare use fell by 316,000.

naturalization. However, these numerical changes are not statistically significant, so the results cannot be treated as definitive.¹⁵

C. Benefit Use By Immigrant Status

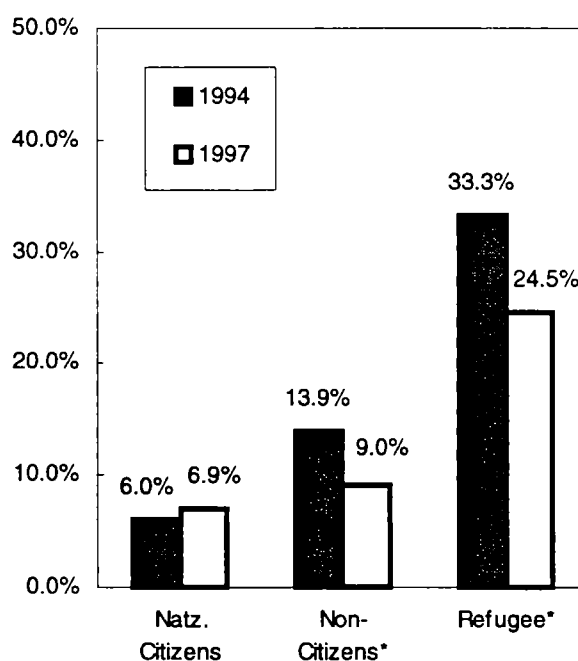
Historically, immigration status has been a strong predictor of immigrant use of public benefits. This is partly because the foreign-born population consists of groups with quite varied eligibility for benefits. While naturalized citizens and refugees have been eligible for benefits on the same terms as native-born citizens, legal permanent residents' use of benefits has been conditioned by deeming and public charge restrictions; temporary immigrants and the undocumented have been largely barred from services. Further, the socioeconomic characteristics of the groups differ substantially, resulting in quite different needs.¹⁶ The importance of disaggregating the foreign-born population by status can be clearly seen in the analysis of household use rates (Table 1).

Foreign-born population. Between 1994 and 1997, welfare use in households headed by all foreign-born persons fell by 21 percent or 2.5 percentage points from 11.7 percent to 9.2 percent. However, this general trend masks very different levels and trends among the various immigrant groups.

Refugees. Refugees, who have historically had the highest levels of public benefit use among the foreign-born, account for 8 percent of immigrant-headed households, but 21 percent of immigrants' welfare use (Detailed Table A). Their use rate remained high, at 24.5 percent in 1997, but even this level represented a decline of 8.8 percentage points from pre-reform levels of 33 percent (Chart C).

Naturalized citizens. Naturalized citizens, who have historically had the lowest levels of public benefit use among legally-present immigrant populations, represent the other extreme. While naturalized citizens make up 41 percent of immigrant households, they account for only 31 percent of immigrants' welfare use.

Chart C. Percent of Immigrant Households Receiving Welfare, by Status



¹⁵ They are, however, consistent with administrative data, specifically the Food Stamp Program Quality Control data for fiscal years 1994 and 1997.

¹⁶ See, for example, Passel and Clark, *supra* note 5.

Reduced Use of Health and Other Benefits Among Populations Not the Focus of Welfare Reform

- ▶ While the apparent decline in welfare use among noncitizens of working age may be an intended and positive policy outcome, these data also reveal sharp declines in the use of health, nutritional, and cash assistance within populations that are thought to be more vulnerable and were not a focus of welfare reform. These vulnerable populations include refugees and the citizen children of noncitizens. As the data presented above indicate, there have been sharp declines in benefits use for both populations. At the same time, health uninsurance rates for noncitizens (46 percent) remain much higher than among citizens (16 percent).¹⁸ High, persisting uninsurance rates, coupled with the decline in program participation documented here, have broad implications for the targeting of outreach efforts to expand enrollment in programs such as the California's Healthy Families initiative and other state efforts to expand enrollment in Medicaid and the Child Health Insurance Program.¹⁹

Noncitizens Do Not Demonstrate A Greater Propensity to Receive Benefits

- ▶ The data indicate that higher benefit use rates on the part of noncitizen versus citizen households owes to the fact that immigrant households are poorer and are more likely to contain children — not because they have a greater disposition towards receiving benefits. In fact, among poor households with children, immigrants have lower use rates for welfare, food stamps and Medicaid both before and after welfare reform.

NOTES ON THE ANALYSIS

Legal status distinction. This analysis employs imputation techniques developed by the Urban Institute that make it possible to assign some legal statuses (notably refugee and nonimmigrant status) to foreign-born persons included in the Current Population Survey. These techniques enable us to disaggregate changes in benefit use by immigrants in differing legal statuses despite the fact that the CPS only distinguishes citizens from noncitizens. Disaggregating the immigrant population in this manner is important because usage patterns vary considerably by legal status and, following welfare reform, legal status has become an increasingly important determinant of immigrants' eligibility for public benefits. Specifically, following welfare reform:

- ▶ *naturalized citizens* remain eligible for public benefits on the same terms as natives (i.e. U.S.-born individuals);

¹⁸ P. Fronstin, "Sources of Health Insurance and Characteristics of the Uninsured: An Analysis of the March 1998 Current Population Survey," EBRI Issue Brief 204, December 1998.

¹⁹ We should note that declines in Medicaid caseloads are broader than just noncitizens and can also be viewed as an unintended effect of welfare reform. See Marilyn R. Ellwood and Leighton Ku, "Welfare and Immigration Reforms: Unintended Side Effects for Medicaid," *Health Affairs* 17(3): 137-51, May/June 1998.

- ▶ *noncitizen refugees* retain eligibility for means-tested federal benefits including Food Stamps, CHIP, Medicaid, TANF and SSI for 5 to 7 years following their entry into the United States;
- ▶ *legal immigrants entering before August 22, 1996* retain eligibility for several major means tested public benefit programs: Medicaid, TANF and the Child Health Insurance Program. Each is jointly funded by the states and the federal government. Welfare reform gave the states the option to extend TANF and Medicaid to pre-enactment legal immigrants and virtually all have chosen to do so.

Pre-enactment legal immigrants' eligibility for *federal* food stamps remains limited to the elderly, disabled and to children. California and other states have extended state-funded food stamps to working-age immigrants left out by the federal program.

While pre-enactment immigrants' eligibility for SSI was largely eliminated by the 1996 legislation, it has been restored to disabled or elderly immigrants who were receiving at the time welfare reform passed or who subsequently become disabled.

- ▶ *legal immigrants entering after August 22, 1996* have been barred from receiving federal means-tested benefit programs including TANF, Medicaid, CHIP, SSI and Food Stamps for at least five years after entry and effectively until they naturalize.
- ▶ *undocumented immigrants* remain generally ineligible for most major public benefits.

Partitioning the change in welfare use. The percentage of a group (e.g., citizens, non-citizens, natives) using welfare can be thought of as the product of two sets of percentages (or rates) — the income distribution of the group and the percentage of each specific income category who receive welfare. To cite a specific, but simplified, example using data from Tables 1 and 4, 6.7 percent of citizen households in 1997 received welfare. This percentage arises because 17.9 percent of citizen households with incomes below 200 percent of poverty received welfare and these households represent 30.7 percent of citizen households; on the other hand, of the 69.3 percent of citizen households with incomes above 200 percent of poverty, only 1.7 percent receive welfare. Thus, $6.7 = 17.9 \times 0.307 + 1.7 \times 0.693$. For noncitizen households, 9.0 percent received welfare in 1997. This figure arises as $9.0 = 14.5 \times 0.541 + 2.6 \times 0.459$. In other words, poor noncitizen households are less likely to use welfare than poor citizen households (14.5 percent versus 17.9 percent), but poor households are much more common among noncitizens than citizens (54.1 percent versus 30.7 percent) with the result that, overall, noncitizen households are more likely to use welfare than citizen households.

When we view the change in welfare use between 1994 and 1997, we can think of two extreme explanations for the change. At one extreme, the 35 percent reduction in use for noncitizens (from 13.9 to 9.0 percent) could occur because the rate of welfare use at every income level for noncitizens falls by 35 percent; were this to occur, the overall rate declines would be explained by changes in usage rates. On the other hand, the rate of welfare use could stay constant for each income group of noncitizens, but incomes could rise so that more of the noncitizen population falls into higher income groups which use less welfare. In this case, the

overall rate declines would be due to changes in income level. In practice, neither extreme occurs, but a combination of the two.

A demographic technique called standardization permits us to partition the overall change in welfare use into a portion attributable to changes in usage rates and a portion attributable to changes in income distribution. The standardization requires four sets of percentages, two for each year. These are: the percentage of the population falling in each income category in 1994 and 1997 (i.e., the income distributions); and the percentage of each income category receiving welfare (i.e., the use rates). For the partition results shown in Table 4, we use eight household income categories: incomes less than 50% of poverty, 50–74%, 75–99%, 100–124%, 125–149%, 150–174%, 175–199%, and 200% of poverty or more.

The 1997 income distribution times the 1994 detailed use rates gives the percentage that would have been receiving welfare in 1997 if use rates had not changed, but only incomes had shifted. Subtracting this hypothetical rate from the actual 1997 overall use rate gives a measure of change attributable to income changes. We can calculate another measure of the income effect by subtracting the actual 1994 overall use rate with the hypothetical rate computed with the 1994 income distribution and the 1997 detailed use rates. The average of these two estimates is the amount of change between 1994 and 1997 attributable to changes in income. Any remaining change is the share attributable to changes in welfare usage patterns.²⁰

Coverage of welfare use in the CPS. Finally, it should be noted that the CPS data on benefits use employed in this analysis are the data reported by the Census Bureau. Both welfare use and welfare income are known to be underreported in the CPS, by possibly large amounts. We do not correct for either type of underreporting in our analysis. Further, the data have not been adjusted to take into account program eligibility rules or the misreporting of public benefit use on the part of immigrants and natives. Our uncorrected comparisons assume, in effect, that reporting patterns did not change between the 1995 and 1998 CPS. Despite these limitations, CPS data are conventionally used to characterize trends in benefit use.²¹ There is no reason to believe that the trends documented in this report are biased or otherwise invalid.²²

²⁰ This second difference can be shown to be equivalent algebraically to the average of two separate estimates of change attributable to difference in usage rates. One measure compares the actual 1997 overall use rate with a hypothetical rate computed as the 1997 detailed use rates times the 1994 income distribution. The other subtracts actual 1994 overall use rate from the hypothetical rate based on the 1994 detailed use rates and the 1997 income distribution. For more information on standardization and partition, see Prithwis Das Gupta, *Standardization and Decomposition of Rates: A User's Manual*, U.S. Bureau of the Census, Current Population Reports, Series P23-186, Washington, D.C.: U.S. Government Printing Office, September 1993.

²¹ See, for example, Fronstin, *supra* note 18. Planned Urban Institute reports that take into account patterns of underreporting and program eligibility rules are expected to be released in the summer of 1999.

²² This analysis was funded by the Ford and Andrew W. Mellon Foundations. Support has also been provided by the Office of the Assistant Secretary for Planning and Evaluation, the Administration for Children and Families and The Health Care Financing Administration, U.S. Department of Health and Human Services, The Food, Nutrition and Consumer Services and the Economic Research Service, U.S. Department of Agriculture, and the Immigration and Naturalization Service.

Table 1. Percent of Households Receiving Welfare, Food Stamps, and Medicaid, by Citizenship of Head and Poverty Status: 1994 and 1997

Population	<i>All Households</i>				<i>Households Below 200% of Poverty</i>			
	Percent with Any Participation				Percent with Any Participation			
	1994	1997	'94-'97 Change		1994	1997	'94-'97 Change	
			Amt.	Pct.			Amt.	Pct.
Welfare (AFDC/TANF, SSI, GA)								
Total	8.3%	6.9%	-1.4% *	-16%	20.3%	17.9%	-2.5% *	-12%
Citizen	7.8%	6.7%	-1.1% *	-15%	19.9%	17.9%	-2.0% *	-10%
Native	7.9%	6.6%	-1.2% *	-16%	20.2%	18.1%	-2.1% *	-10%
Naturalized**	6.0%	6.9%	0.9%	--	13.5%	14.9%	1.4%	--
Non-Citizens**	13.9%	9.0%	-4.9% *	-35%	21.7%	14.5%	-7.2% *	-33%
Refugees	33.3%	24.5%	-8.8% *	-27%	49.1%	40.2%	-9.0%	--
Foreign-Born	11.7%	9.2%	-2.6% *	-22%	21.2%	16.6%	-4.6% *	-22%
Non-Citizen --								
Citizen Difference	6.1% *	2.4% *	-3.7% *	(x)	1.8%	-3.5% *	-5.2% *	(x)
Food Stamps								
Total	9.0%	7.1%	-1.9% *	-22%	24.3%	20.6%	-3.7% *	-15%
Citizen	8.5%	6.8%	-1.8% *	-21%	23.8%	20.5%	-3.3% *	-14%
Native	8.7%	6.8%	-1.8% *	-21%	24.2%	20.8%	-3.4% *	-14%
Naturalized**	5.5%	5.4%	0.0%	--	15.0%	14.8%	-0.2%	--
Non-Citizens**	15.4%	10.8%	-4.6% *	-30%	26.3%	19.1%	-7.1% *	-27%
Refugees	35.3%	22.1%	-13.2% *	-37%	52.0%	41.9%	-10.1%	--
Foreign-Born	12.5%	9.3%	-3.2% *	-26%	24.7%	19.4%	-5.2% *	-21%
Non-Citizen --								
Citizen Difference	6.8% *	4.0% *	-2.8% *	(x)	2.4% *	-1.4%	-3.8% *	(x)
Medicaid								
Total	14.3%	13.2%	-1.1% *	-8%	31.3%	30.5%	-0.8%	--
Citizen	13.5%	12.6%	-0.9% *	-7%	30.3%	30.0%	-0.3%	--
Native	13.5%	12.5%	-1.0% *	-7%	30.5%	30.1%	-0.4%	--
Naturalized**	11.9%	13.6%	1.7%	--	23.8%	28.3%	4.5%	--
Non-Citizens**	26.5%	20.8%	-5.7% *	-22%	39.8%	32.0%	-7.8% *	-19%
Refugees	42.5%	35.8%	-6.7%	--	58.8%	58.5%	-0.3%	--
Foreign-Born	21.3%	18.7%	-2.6% *	-12%	36.1%	32.7%	-3.4% *	-9%
Non-Citizen --								
Citizen Difference	13.0% *	8.2% *	-4.8% *	(x)	9.5% *	2.0%	-7.5% *	(x)

* Significant at $p < 0.10$.

-- Change not significant.

** Excludes refugees and non-immigrants. See text for definition (x) Not applicable.

Source: Urban Institute tabulations from March Current Population Surveys of 1995 and 1998, with imputations for refugees and non-immigrants. See Detailed Table A for population data.

**Table 2. Percent of Individuals Participating in Welfare and Medicaid,
by Citizenship and Age: 1994 and 1997**

Population	<i>Ages 18-64</i>				<i>Ages 65 and Over</i>			
	Individuals with Program Participation				Individuals with Program Participation			
	1994	1997	'94-'97 Change		1994	1997	'94-'97 Change	
			Amt.	Pct.			Amt.	Pct.
Welfare (AFDC/TANF, SSI, GA)								
Total	4.9%	4.0%	-0.9% *	-18%	4.9%	4.4%	-0.5%	--
Citizen	4.7%	4.0%	-0.7% *	-15%	4.2%	3.7%	-0.5%	--
Native	4.8%	4.1%	-0.7% *	-15%	4.1%	3.4%	-0.7%	--
Naturalized**	2.5%	2.1%	-0.4%	--	5.9%	9.0%	3.1%	--
Non-Citizens**	5.6%	3.3%	-2.3% *	-41%	20.9%	19.0%	-1.8%	--
Refugees	19.2%	10.4%	-8.8% *	-46%	48.1%	51.0%	2.9%	--
Foreign-Born	5.5%	3.5%	-2.1% *	-37%	13.2%	14.7%	1.5%	--
Non-Citizen -- Citizen Difference	0.8%	-0.7%	-1.6%	(x)	16.6% *	15.3% *	-1.3%	(x)
Medicaid								
Total	7.9%	6.9%	-1.0% *	-13%	9.3%	9.0%	-0.3%	--
Citizen	7.5%	6.7%	-0.8% *	-10%	8.4%	8.1%	-0.3%	--
Native	7.6%	6.8%	-0.8% *	-10%	8.3%	7.7%	-0.6%	--
Naturalized**	4.4%	4.2%	-0.2%	--	11.1%	14.9%	3.8%	--
Non-Citizens**	10.3%	7.2%	-3.1% *	-30%	28.2%	28.2%	0.1%	--
Refugees	33.1%	17.8%	-15.3% *	-46%	64.8%	69.7%	4.9%	--
Foreign-Born	10.2%	7.1%	-3.0% *	-30%	19.7%	22.4%	2.8%	--
Non-Citizen -- Citizen Difference	2.8% *	0.5%	-2.3% *	(x)	19.7% *	20.1% *	0.4%	(x)

* Significant at p < 0.10.

-- Change not significant.

** Excludes refugees and non-immigrants. See text for definition (x) Not applicable.

Source: Urban Institute tabulations from March Current Population Surveys of 1995 and 1998, with imputations for refugees and non-immigrants. See Detailed Table B for population data.

Note: Welfare use is defined by individual reports of welfare income from persons aged 15 and over. The data do not represent cases or the full number of individuals on welfare rolls. For example, if a mother and two children are receiving TANF income, the income would be reported by the mother only and would appear in the table as one recipient, not three.

**Table 3. Percent of Households with Children Participating in
Welfare, Food Stamps, and Medicaid, by Citizenship of Adults and Children
and by Poverty Status: 1994 and 1997**

Program and Household Composition (Status of Adults and Children)	<i>All Households</i> Percent with Any Participation				<i>Below 200% of Poverty</i> Percent with Any Participation			
			'94-'97 Change				'94-'97 Change	
	1994	1997	Amt.	Pct.	1994	1997	Amt.	Pct.
Welfare (AFDC/TANF, SSI, GA)								
Households with children	12.8%	9.7%	-3.2% *	-25%	30.1%	24.0%	-6.1% *	-20%
All citizen adults	12.4%	9.6%	-2.8% *	-23%	31.4%	25.8%	-5.6% *	-18%
Some non-citizen** adults	13.8%	8.9%	-4.9% *	-35%	20.8%	14.0%	-6.7% *	-32%
All non-citizen** children	8.5%	4.2%	-4.2% *	-50%	11.6%	5.9%	-5.6%	--
Some citizen children	14.8%	9.6%	-5.1% *	-35%	22.5%	15.3%	-7.2% *	-32%
Difference from "All citizen" households								
Some non-citizen** adults	1.4%	-0.7%	-2.1%	(x)	-10.7% *	-11.8% *	-1.1%	(x)
All non-citizen** children	-3.9% *	-5.4% *	-1.4%	(x)	-19.9% *	-19.9% *	0.0%	(x)
Some citizen children	2.4% *	0.0%	-2.3%	(x)	-8.9% *	-10.5% *	-1.6%	(x)
Food Stamps								
Households with children	16.0%	12.3%	-3.6% *	-23%	39.6%	32.9%	-6.7% *	-17%
All citizen adults	15.3%	12.1%	-3.2% *	-21%	40.9%	34.7%	-6.2% *	-15%
Some non-citizen** adults	19.2%	13.6%	-5.6% *	-29%	30.7%	23.3%	-7.4% *	-24%
All non-citizen** children	9.8%	7.4%	-2.4%	--	14.0%	12.0%	-2.0%	--
Some citizen children	20.8%	14.5%	-6.4% *	-31%	33.9%	25.1%	-8.8% *	-26%
Difference from "All citizen" households								
Some non-citizen** adults	3.9% *	1.5%	-2.4%	(x)	-10.2% *	-11.4% *	-1.2%	(x)
All non-citizen** children	-5.5% *	-4.6% *	0.9%	(x)	-26.9% *	-22.7% *	4.2%	(x)
Some citizen children	5.5% *	2.4% *	-3.1% *	(x)	-7.0% *	-9.6% *	-2.6%	(x)
Medicaid								
Households with children	17.5%	14.4%	-3.1% *	-18%	38.4%	33.5%	-4.8% *	-13%
All citizen adults	16.8%	14.0%	-2.7% *	-16%	39.2%	35.1%	-4.1% *	-11%
Some non-citizen** adults	21.1%	16.2%	-4.8% *	-23%	31.1%	24.9%	-6.1% *	-20%
All non-citizen** children	15.7%	10.7%	-4.9%	--	21.8%	15.4%	-6.4%	--
Some citizen children	22.0%	17.0%	-5.0% *	-23%	32.8%	26.5%	-6.4% *	-19%
Difference from "All citizen" households								
Some non-citizen** adults	4.3% *	2.2% *	-2.1%	(x)	-8.2% *	-10.2% *	-2.0%	(x)
All non-citizen** children	-1.1%	-3.3%	-2.2%	(x)	-17.5% *	-19.7% *	-2.2%	(x)
Some citizen children	5.2% *	3.0% *	-2.2%	(x)	-6.4% *	-8.7% *	-2.2%	(x)

* Significant at p < 0.10.

-- Change not significant.

** Excludes refugees and non-immigrants. See text for definition (x) Not applicable.

Source: Urban Institute tabulations from March Current Population Surveys of 1995 and 1998, with imputations for refugees and non-immigrants. Universe is households headed by persons 18-64 with children under age 18. See Detailed Table C for population data.

Table 4. Partition of 1994-1997 Change in Household Participation in Welfare, Food Stamps, and Medicaid Into Portions Due to Changes in Poverty Prevalence and Welfare Use Rates, by Citizenship

Population	Percent of Households				Partition of '94-'97 Change in Participation***			
	Below Specified Level of Poverty		Participating in Program		Total Change	Due to Use Rates	Due to Poverty Rates	Pct. of Change from Usage
	1994	1997	1994	1997				
Welfare (AFDC/TANF, SSI, GA)								
100 Percent of Poverty								
Total	13.9%	12.7%	8.3%	6.9%	-1.4% *	-0.9%	-0.5%	66%
Citizen	13.0%	11.8%	7.8%	6.7%	-1.1% *	-0.7%	-0.5%	60%
Native	13.0%	11.7%	7.9%	6.6%	-1.2% *	-0.7%	-0.5%	59%
Naturalized**	11.0%	12.5%	6.0%	6.9%	0.9%	--	--	--
Non-Citizens**	27.3%	25.9%	13.9%	9.0%	-4.9% *	-4.6%	-0.3%	94%
Refugees	31.9%	25.4%	33.3%	24.5%	-8.8% *	-5.3%	-3.5%	60%
Foreign-Born	21.4%	20.4%	11.7%	9.2%	-2.6% *	-2.2%	-0.3%	87%
Food Stamps								
125 Percent of Poverty								
Total	18.9%	17.5%	9.0%	7.1%	-1.9% *	-1.4%	-0.6%	70%
Citizen	17.7%	16.4%	8.5%	6.8%	-1.8% *	-1.2%	-0.6%	68%
Native	17.8%	16.3%	8.7%	6.8%	-1.8% *	-1.2%	-0.6%	66%
Naturalized**	16.2%	17.6%	5.5%	5.4%	0.0%	--	--	--
Non-Citizens**	35.7%	34.8%	15.4%	10.8%	-4.6% *	-4.1%	-0.5%	89%
Refugees	41.1%	32.7%	35.3%	22.1%	-13.2% *	-8.4%	-4.8%	64%
Foreign-Born	28.5%	27.5%	12.5%	9.3%	-3.2% *	-2.7%	-0.5%	85%
Medicaid								
200 Percent of Poverty								
Total	34.3%	32.1%	14.3%	13.2%	-1.1% *	-0.5%	-0.7%	42%
Citizen	32.8%	30.7%	13.5%	12.6%	-0.9% *	-0.3%	-0.6%	28%
Native	32.9%	30.5%	13.5%	12.5%	-1.0% *	-0.3%	-0.7%	31%
Naturalized**	32.2%	33.6%	11.9%	13.6%	1.7%	--	--	--
Non-Citizens**	55.9%	54.1%	26.5%	20.8%	-5.7% *	-5.1%	-0.6%	90%
Refugees	60.6%	49.9%	42.5%	35.8%	-6.7%	--	--	--
Foreign-Born	47.1%	45.0%	21.3%	18.7%	-2.6% *	-2.1%	-0.6%	78%

* Significant at p < 0.10.

-- total change not significant

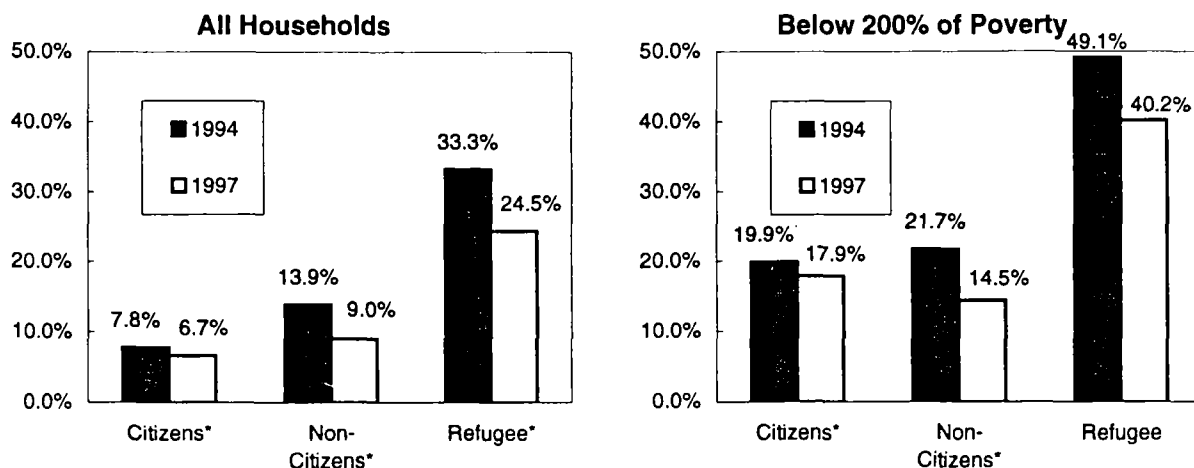
** Excludes refugees and non-immigrants. See text for definition

*** Partition uses poverty-specific welfare rates for intervals of 25% for 50-200% of poverty (i.e., <50%, 50-74%, 75-99%...175-199%, =>200%). See text for details.

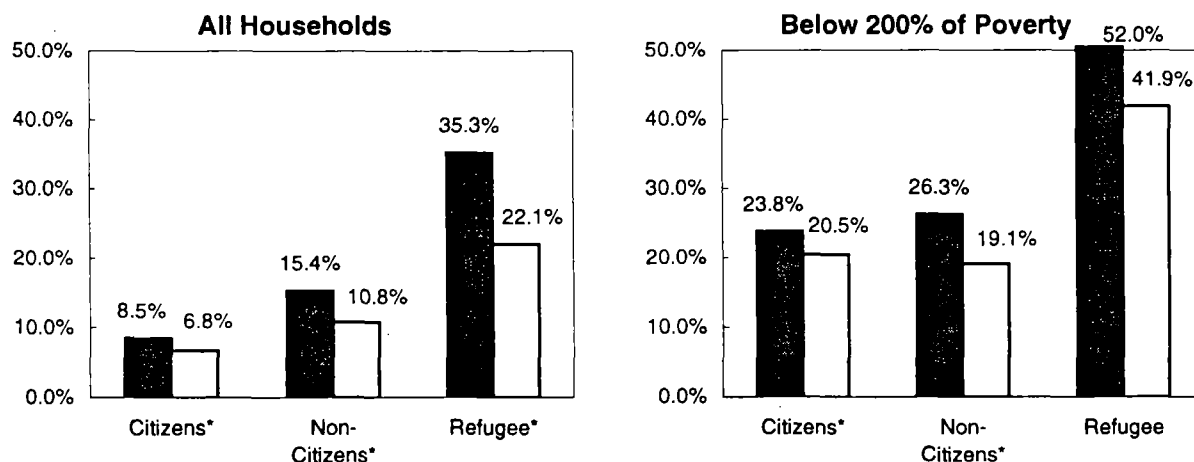
Source: Urban Institute tabulations from March Current Population Surveys of 1995 and 1998, with imputations for refugees and non-immigrants.

**Figure 1. Percent of Households Receiving
Welfare, Food Stamps, and Medicaid,
by Nativity of Head and Poverty Status: 1994 and 1997**

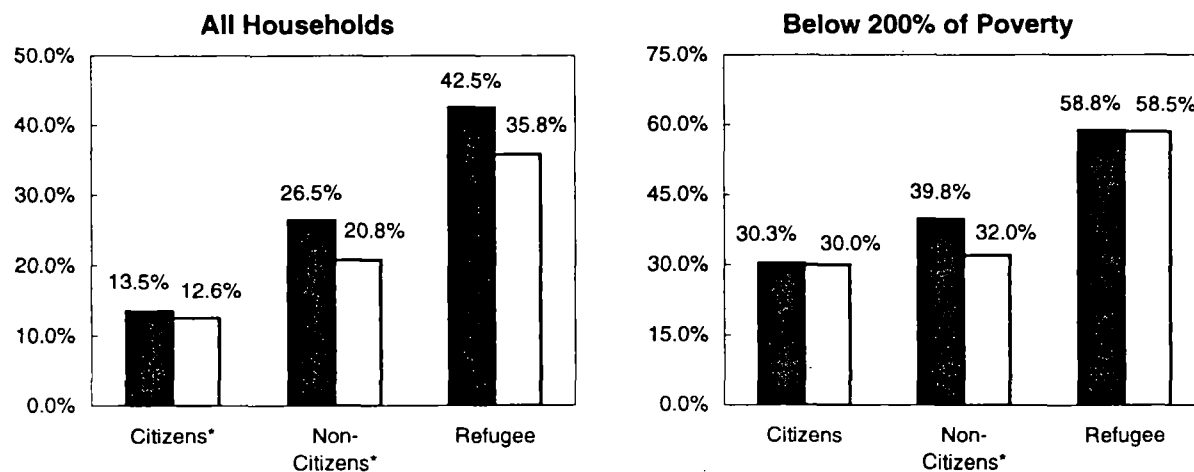
A. Percent of Households Receiving Welfare



B. Percent of Households Getting Food Stamps



C. Percent of Households on Medicaid



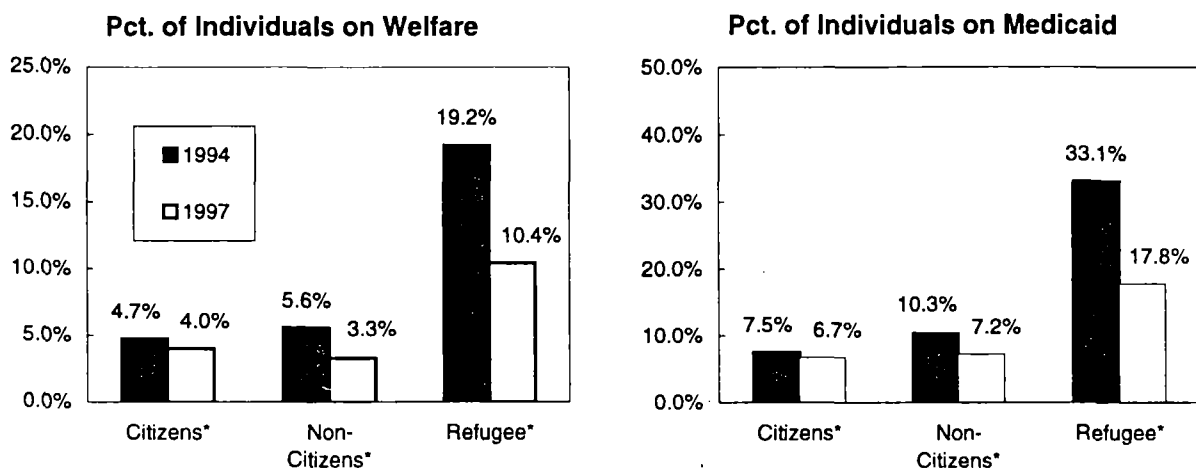
Source: Table 1.

Non-citizen group excludes refugees and non-immigrants. See text.

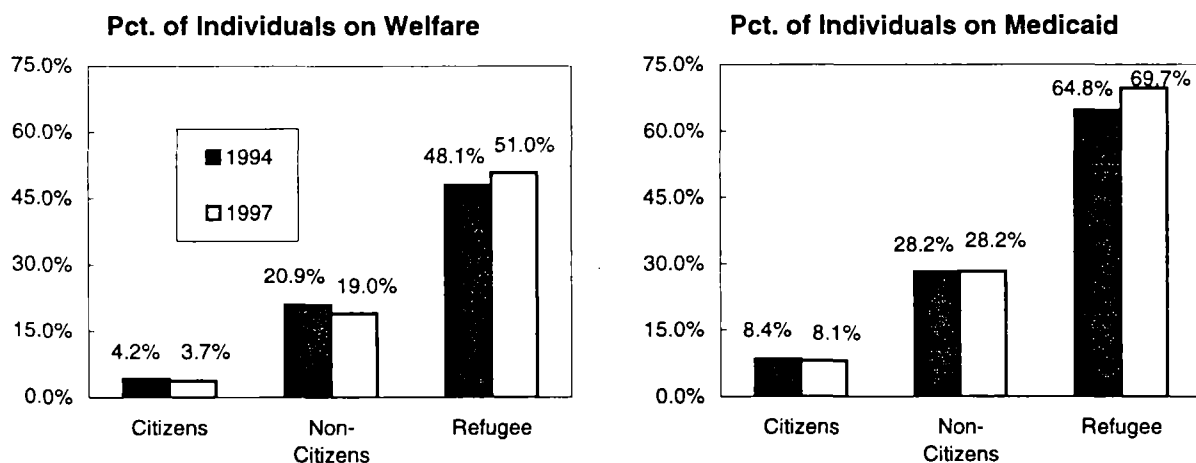
* 1994-1997 change is significant at $p < 0.10$.

**Figure 2. Percent of Individuals Participating in Welfare and Medicaid,
by Age and Citizenship:
1994 and 1997**

A. Ages 18-64



B. Ages 65 and Over



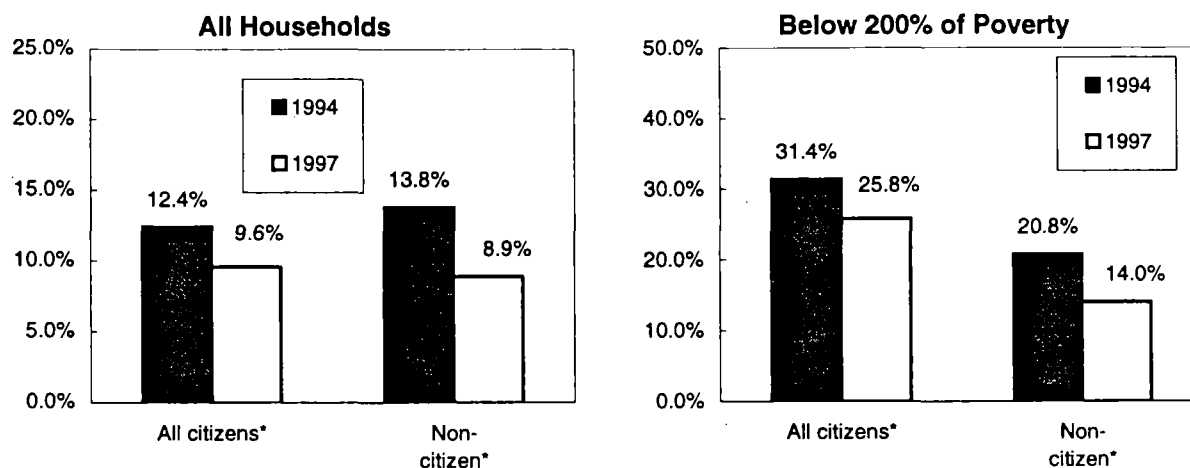
Source: Table 2.

Non-citizen group excludes refugees and non-immigrants. See text.

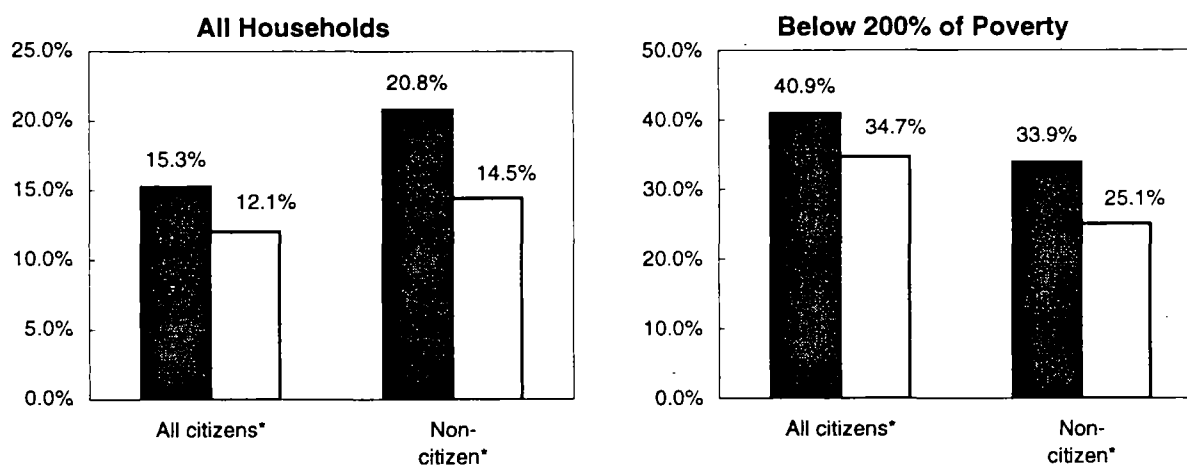
* 1994-1997 change is significant at $p < 0.10$.

Figure 3. Percent of Households with Children Receiving Welfare, Food Stamp, and Medicaid, by Citizenship of Adults and Children and by Poverty Status: 1994 and 1997

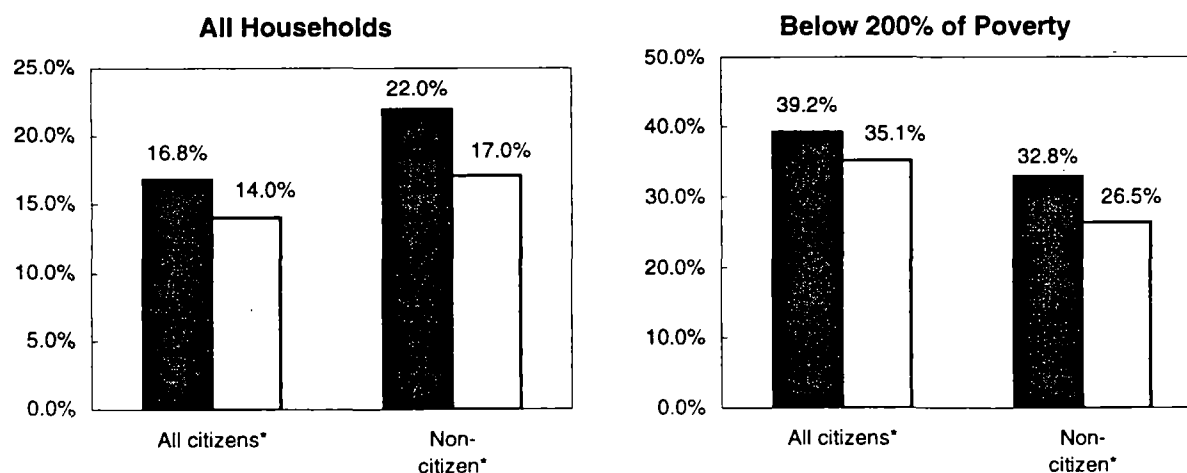
A. Percent of Households Receiving Welfare



B. Percent of Households Getting Food Stamps



C. Percent of Households on Medicaid



Source: Table 3. Includes only households with children headed by persons 18-64 years old.

See text for definition of groups.

* 1994-1997 change is significant at $p < 0.10$.

**Detailed Table A. Household Receipt of Welfare, Food Stamps, and Medicaid,
by Citizenship of Head and Poverty Status: 1994 and 1997**

(Populations in thousands)

Population	<i>All Households</i>						<i>Households Below 200% of Poverty</i>					
	Program Participation in Household?						Program Participation in Household?					
	1994			1997			1994			1997		
	Yes	Total	% Yes	Yes	Total	% Yes	Yes	Total	% Yes	Yes	Total	% Yes
Welfare (AFDC/TANF, SSI, GA)												
Total	8,188	99,106	8.3%	7,091	102,584	6.9%	6,903	33,960	20.3%	5,877	32,888	17.9%
Citizen	7,257	92,989	7.8%	6,400	96,169	6.7%	6,084	30,525	19.9%	5,287	29,493	17.9%
Native	7,031	89,248	7.9%	6,096	91,748	6.6%	5,920	29,320	20.2%	5,065	28,007	18.1%
Naturalized**	225	3,741	6.0%	304	4,421	6.9%	163	1,205	13.5%	222	1,486	14.9%
Non-Citizens**	723	5,209	13.9%	474	5,246	9.0%	632	2,910	21.7%	411	2,841	14.5%
Refugees	202	606	33.3%	213	872	24.5%	180	367	49.1%	175	435	40.2%
Foreign-Born	1,157	9,858	11.7%	995	10,837	9.2%	983	4,640	21.2%	811	4,881	16.6%
Food Stamps												
Total	8,949	99,106	9.0%	7,263	102,584	7.1%	8,240	33,960	24.3%	6,773	32,888	20.6%
Citizen	7,924	92,989	8.5%	6,500	96,169	6.8%	7,275	30,525	23.8%	6,044	29,493	20.5%
Native	7,720	89,248	8.7%	6,261	91,748	6.8%	7,095	29,320	24.2%	5,824	28,007	20.8%
Naturalized**	204	3,741	5.5%	239	4,421	5.4%	180	1,205	15.0%	220	1,486	14.8%
Non-Citizens**	801	5,209	15.4%	567	5,246	10.8%	764	2,910	26.3%	543	2,841	19.1%
Refugees	214	606	35.3%	193	872	22.1%	191	367	52.0%	182	435	41.9%
Foreign-Born	1,228	9,858	12.5%	1,003	10,837	9.3%	1,145	4,640	24.7%	949	4,881	19.4%
Medicaid												
Total	14,189	99,106	14.3%	13,523	102,584	13.2%	10,630	33,960	31.3%	10,027	32,888	30.5%
Citizen	12,533	92,989	13.5%	12,102	96,169	12.6%	9,243	30,525	30.3%	8,852	29,493	30.0%
Native	12,088	89,248	13.5%	11,499	91,748	12.5%	8,956	29,320	30.5%	8,432	28,007	30.1%
Naturalized**	445	3,741	11.9%	603	4,421	13.6%	287	1,205	23.8%	420	1,486	28.3%
Non-Citizens**	1,379	5,209	26.5%	1,090	5,246	20.8%	1,158	2,910	39.8%	910	2,841	32.0%
Refugees	258	606	42.5%	312	872	35.8%	216	367	58.8%	254	435	58.5%
Foreign-Born	2,101	9,858	21.3%	2,024	10,837	18.7%	1,674	4,640	36.1%	1,595	4,881	32.7%

** Excludes refugees and non-immigrants. See text for definition

Source: Urban Institute tabulations from March Current Population Surveys of 1995 and 1998, with imputations for refugees and non-immigrants.

**Detailed Table B. Individual Welfare and Medicaid Participation,
by Citizenship and Age: 1994 and 1997**

(Populations in thousands)

Population	Individual Participation in Program, Ages 18-64						Individual Participation in Program, Ages 65 and Over					
	1994			1997			1994			1997		
	Yes	Total	% Yes	Yes	Total	% Yes	Yes	Total	% Yes	Yes	Total	% Yes
Welfare (AFDC/TANF, SSI, GA)												
Total	7,856	160,217	4.9%	6,632	165,329	4.0%	1,549	31,350	4.9%	1,419	32,082	4.4%
Citizen	6,939	146,620	4.7%	6,047	151,104	4.0%	1,277	30,207	4.2%	1,160	31,037	3.7%
Native	6,808	141,270	4.8%	5,908	144,513	4.1%	1,178	28,536	4.1%	993	29,188	3.4%
Naturalized**	132	5,350	2.5%	139	6,591	2.1%	99	1,671	5.9%	167	1,849	9.0%
Non-Citizens**	651	11,713	5.6%	385	11,772	3.3%	213	1,019	20.9%	163	857	19.0%
Refugees	257	1,340	19.2%	197	1,890	10.4%	60	124	48.1%	96	188	51.0%
Foreign-Born	1,048	18,947	5.5%	725	20,817	3.5%	372	2,814	13.2%	426	2,894	14.7%
Medicaid												
Total	12,698	160,217	7.9%	11,372	165,329	6.9%	2,919	31,350	9.3%	2,901	32,082	9.0%
Citizen	11,011	146,620	7.5%	10,165	151,104	6.7%	2,551	30,207	8.4%	2,528	31,037	8.1%
Native	10,773	141,270	7.6%	9,886	144,513	6.8%	2,364	28,536	8.3%	2,251	29,188	7.7%
Naturalized**	238	5,350	4.4%	279	6,591	4.2%	186	1,671	11.1%	276	1,849	14.9%
Non-Citizens**	1,211	11,713	10.3%	853	11,772	7.2%	287	1,019	28.2%	242	857	28.2%
Refugees	443	1,340	33.1%	336	1,890	17.8%	81	124	64.8%	131	188	69.7%
Foreign-Born	1,925	18,947	10.2%	1,486	20,817	7.1%	554	2,814	19.7%	650	2,894	22.4%

** Excludes refugees and non-immigrants. See text for definition

Source: Urban Institute tabulations from March Current Population Surveys of 1995 and 1998, with imputations for refugees and non-immigrants.

**Detailed Table C. Welfare, Food Stamp, and Medicaid Participation of Households with Children,
by Citizenship of Adults and Children and by Poverty Status: 1994 and 1997**

(Populations in thousands)

Program and Household Composition (Adults-Children)	<i>All Households</i>						<i>Households Below 200% of Poverty</i>					
	1994			1997			1994			1997		
	Yes	Total	% Yes	Yes	Total	% Yes	Yes	Total	% Yes	Yes	Total	% Yes
Welfare (AFDC/TANF, SSI, GA)												
Households with children	4,713	36,784	12.8%	3,600	37,286	9.7%	4,160	13,818	30.1%	3,156	13,138	24.0%
All citizen adults	4,031	32,498	12.4%	3,142	32,747	9.6%	3,550	11,294	31.4%	2,755	10,670	25.8%
One or more non-citizen** adults	524	3,785	13.8%	346	3,880	8.9%	466	2,243	20.8%	304	2,165	14.0%
All non-citizen** children	47	560	8.5%	21	497	4.2%	42	359	11.6%	18	297	5.9%
One or more citizen children	476	3,225	14.8%	325	3,383	9.6%	424	1,885	22.5%	287	1,868	15.3%
Food Stamps												
Households with children	5,872	36,784	16.0%	4,601	37,286	12.3%	5,477	13,818	39.6%	4,323	13,138	32.9%
All citizen adults	4,969	32,498	15.3%	3,949	32,747	12.1%	4,622	11,294	40.9%	3,702	10,670	34.7%
One or more non-citizen** adults	726	3,785	19.2%	526	3,880	13.6%	689	2,243	30.7%	504	2,165	23.3%
All non-citizen** children	55	560	9.8%	37	497	7.4%	50	359	14.0%	36	297	12.0%
One or more citizen children	671	3,225	20.8%	489	3,383	14.5%	639	1,885	33.9%	469	1,868	25.1%
Medicaid												
Households with children	6,447	36,784	17.5%	5,368	37,286	14.4%	5,302	13,818	38.4%	4,405	13,138	33.5%
All citizen adults	5,453	32,498	16.8%	4,596	32,747	14.0%	4,433	11,294	39.2%	3,748	10,670	35.1%
One or more non-citizen** adults	797	3,785	21.1%	630	3,880	16.2%	697	2,243	31.1%	540	2,165	24.9%
All non-citizen** children	88	560	15.7%	53	497	10.7%	78	359	21.8%	46	297	15.4%
One or more citizen children	709	3,225	22.0%	576	3,383	17.0%	619	1,885	32.8%	495	1,868	26.5%

** Excludes refugees and non-immigrants. See text for definition

Source: Urban Institute tabulations from March Current Population Surveys of 1995 and 1998, with imputations for refugees and non-immigrants.
Universe is households headed by persons 18-64 with children under age 18.