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CHILDREN IN LOW-INCOME IMMIGRANT FAMILIES  
Policy Brief

# State Policies Can Promote Immigrant Children's Economic Security

Kinsey Alden Dinan

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The National Center for Children in Poverty identifies and promotes strategies that prevent child poverty in the United States and that improve the lives of low-income children and families.

**CHILDREN IN LOW-INCOME IMMIGRANT FAMILIES—Policy Brief**

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SERIES INTRODUCTION

About 20 percent of this country’s children—nearly 17 million—have at least one foreign-born parent.<sup>1</sup> These children are more likely to be low income and to experience other hardships than children with native-born parents. *Altogether, children of immigrants comprise more than 26 percent of all low-income children in the United States.*<sup>2</sup> However, they are less likely than other children to benefit from government programs designed to assist low-income families.

This brief is the second in a series that explores key policy issues related to children in low-income immigrant families. The first brief examined the impact of federal policies on immigrant families’ access to key income and employment supports. This brief continues the discussion by exploring the important role played by states in determining immigrant families’ eligibility for public benefits.

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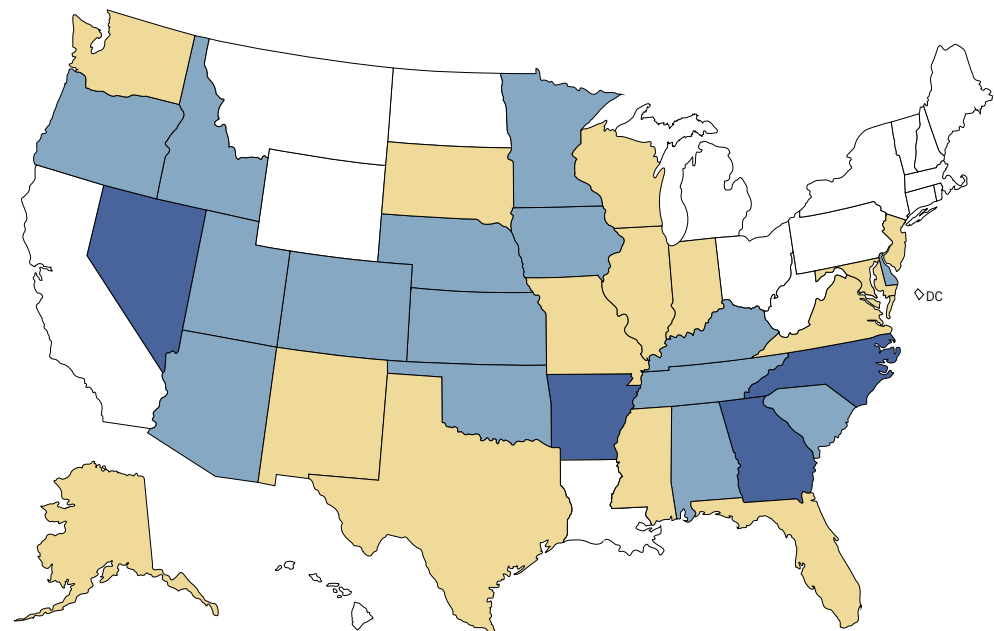
## Introduction

Immigrant families' access to key public benefits—food stamps, Temporary Assistance for Needy Families (TANF) cash assistance, Supplementary Security Income (SSI), and public health insurance for children and parents—varies greatly based on where they live. Changes in federal policies over the last decade have left states with increased discretion to determine immigrants' access to these supports. States' choices, particularly in states with large or quickly growing immigrant populations, can make a significant impact on the economic security of children in immigrant families.

## Immigrant Families are Increasingly Dispersed Among the States

The country's immigrant population has historically been concentrated in six states: California, Florida, Illinois, New Jersey, New York, and Texas. These states are home to nearly 70 percent of all foreign-born people in the United States.<sup>3</sup> Similarly, nearly 70 percent of all children of immigrants—defined as children with at least one foreign-born parent—live in these six states.<sup>4</sup>

**Figure 1: Immigration trends across the states—Percent change in foreign-born population between 1990 and 2000**

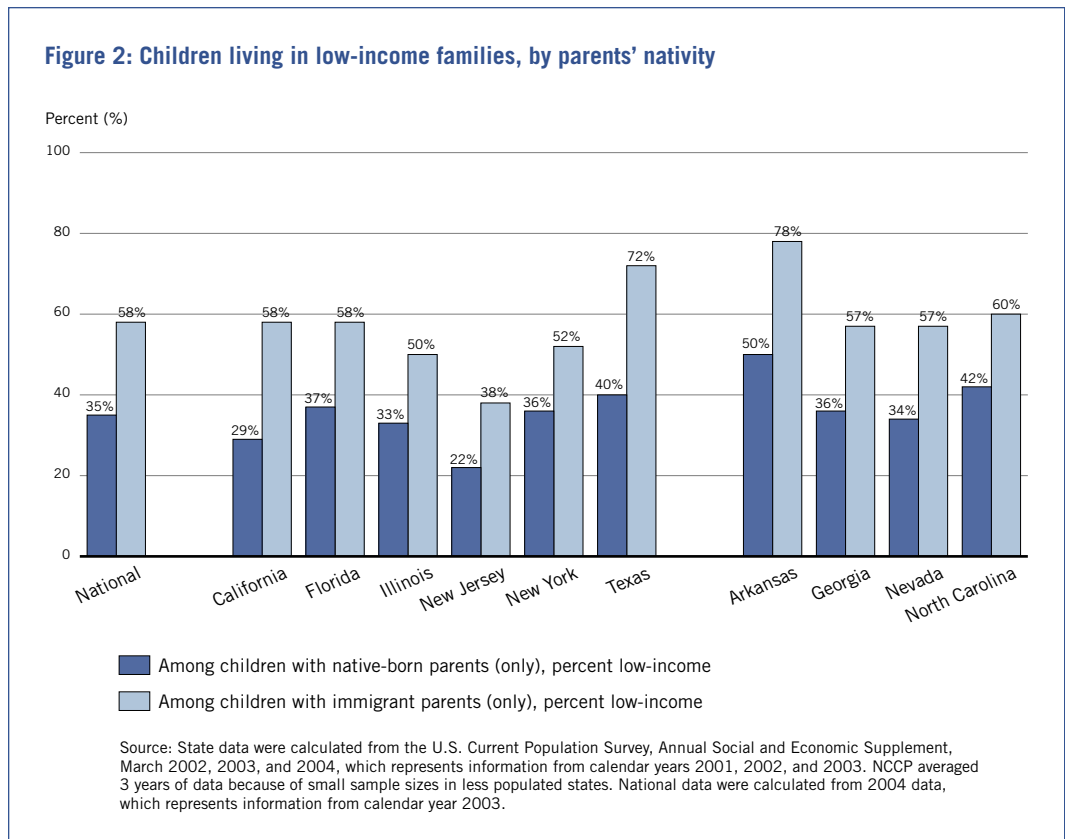


- Top 4 states (increase of 196-274%): AR, GA, NV, NC
- Increase of 100-171% (15): AL, AZ, CO, DE, IA, ID, KS, KY, MN, NE, OK, OR, SC, TN, UT
- Increase of 50-100% (14): AK, FL, IL, IN, MD, MO, MS, NJ, NM, SD, TX, VA, WA, WI
- Increase of under 50% (18): CA, CT, DC, HI, LA, MA, ME, MI, MT, ND, NH, NY, OH, PA, RI, VT, WV, WY

Source: Migration Information Source. US in Focus, <[www.migrationinformation.org/USfocus/](http://www.migrationinformation.org/USfocus/)> (accessed September 23, 2005).

New immigrants, however, are increasingly moving to other parts of the country. Between 1990 and 2000, the number of immigrants in the United States increased from about 20 million to over 30 million people. The 19 states that saw their foreign-born population more than double during this period did not include any of the six “traditional” immigration states (although Texas came close, with a 90 percent increase). Four states in particular—Arkansas, Georgia, Nevada, and North Carolina—experienced increases of about 200 percent or more.<sup>5</sup> (See Figure 1.)

The growing number of immigrants also means that an increasing number of children in the United States are growing up in immigrant families. These children are significantly more likely to be low income than children with native-born parents. Nationwide, while 35 percent of children with native-born parents are low income, half of children with at least one foreign-born parent are low income. Moreover, among children with only foreign-born parents (i.e., excluding children who live with one foreign-born and one native-born parent), 58 percent are low income. Across the states, these rates vary tremendously. In Arkansas, for example, nearly 80 percent of children with only foreign-born parents are low income, compared to less than 40 percent in New Jersey.<sup>6</sup> (See Figure 2.)



## 1996 Welfare Changes Increased States' Role in Setting Immigrant Policy

The federal government sets immigration policies, deciding who can enter the United States and under what conditions, and bears primary responsibility for immigrant policies that determine the treatment of immigrants within the United States. (For more about the impact of federal policies on immigrant families' access to income and employment supports, see the first brief in this series: *Federal Policies Restrict Immigrant Children's Access to Key Public Benefits*.) States, however, also play an increasingly significant role in setting immigrant policies, particularly in the wake of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA).

The welfare changes enacted in 1996 included a number of provisions specifically targeting immigrants. Most notably, PRWORA made large categories of legal immigrants ineligible for key federal benefits for the first time. (Note that throughout this brief, the term "legal immigrants" is used to refer to lawful permanent residents, refugees, and certain other narrow categories of immigrants.<sup>7</sup>) Most legal immigrants are now ineligible for federally-funded TANF cash assistance and public health insurance during their first 5 years as legal immigrants. The food stamp program also imposes a 5-year bar on adults, although not on children, and SSI is even more restrictive, barring most legal immigrants indefinitely.<sup>8</sup> The heightened "sponsor-deeming" requirements adopted in 1996—under which the income and resources of the person who supported an immigrant's entry into the United States are added to that of the immigrant's in determining benefit eligibility—have further reduced immigrant families' access to benefits.<sup>9</sup>

Since PRWORA, states have had new discretion to determine legal immigrants' access to benefits. PRWORA allowed states to bar legal immigrants from state-funded benefits based solely on their immigration status. States could also extend the required 5-year federal bar on access to TANF and Medicaid benefits (although there are questions about the constitutionality of states' discretion in this area). On the other hand, states could use their own funds to provide replacement programs for legal immigrants who were now barred from federal supports. And states maintained discretion over undocumented (or illegal) immigrants' access to state and local benefits—although in order to give them access, PRWORA required states to pass new legislation with this explicit intent (the constitutionality of this requirement also remains under question).<sup>10</sup>

## State Variation in Work Supports Now Particularly Marked for Immigrant Families<sup>11</sup>

All but nine states have chosen to extend federal benefits to as many legal immigrants as federal law allows.<sup>12</sup> But the availability of state-funded replacement programs for immigrants varies widely. As a result, state variation in supports for low-income immigrant families is now even greater than it is for low-income families overall.

More than half of the states use their own funds to replace at least one key income and employment support program for at least some of the immigrants barred under federal rules.

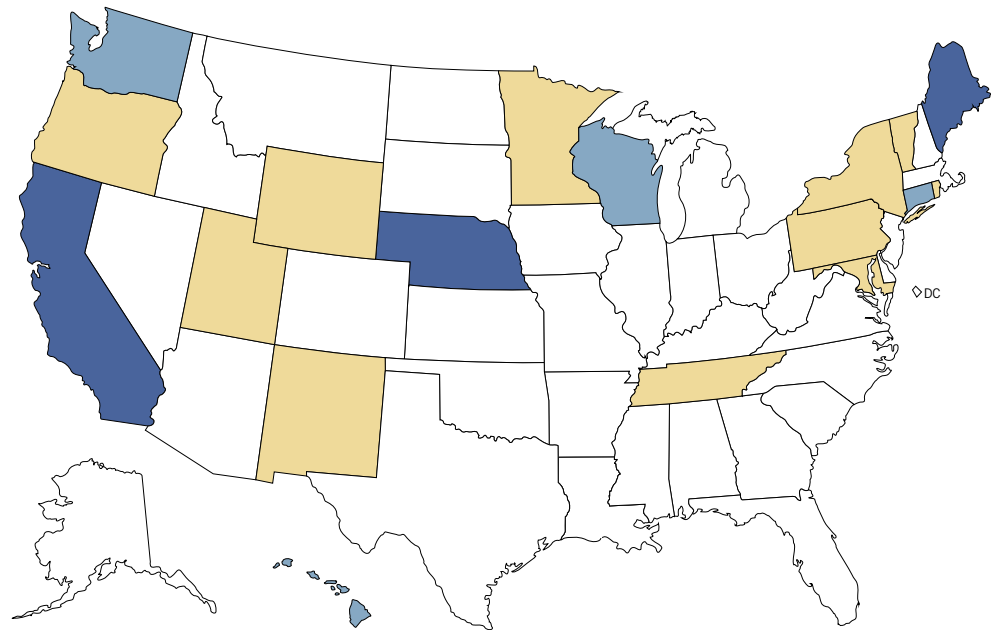
Three states—California, Maine, and Nebraska—have state-funded replacement programs for food stamps, TANF cash assistance, SSI, and public health insurance for children and parents. These state programs are generally available to all legal immigrants who are barred from federal benefits due to the 1996 welfare changes, although eligibility for some programs may be affected by deeming.<sup>13</sup> Other states offer a more limited set of replacement programs, and a few have programs that target very narrow groups of immigrants, such as victims of domestic violence.

Legal immigrants who are excluded from federal TANF benefits by the 5-year bar have access to a state-funded replacement program in 18 states. Seven of these states also have replacement programs for food stamps and/or SSI. The remaining 33 states do not offer replacement benefits for any of these three programs or offer them only to a very narrow subset of legal immigrants. (See Figure 3.) In some cases, immigrants may have access to other state programs such as general assistance, but such programs generally have lower benefits and often more restrictive eligibility criteria than their federal counterparts.

Replacement health benefits are slightly more common. Eighteen states offer health insurance coverage for legal immigrant children during the 5-year bar on federal benefits, although in a few cases, enrollment is capped and/or benefits are more limited than those offered to citizen children. Most of these states plus four additional ones also offer prenatal care coverage for pregnant immigrant women. (See Figure 4.) Moreover, unlike state replacement programs for food stamps, TANF, and SSI, several of these programs are not restricted to legal immigrants. Five states offer public health insurance coverage to all children who are barred from federal programs based on their immigration status, and 13 states cover prenatal care regardless of the woman's immigration status. Finally, in addition to the programs discussed here, other states or localities may offer limited medical services—such as prenatal or preventive care—to all people without regard for immigration status.

However, only 11 states have replacement programs for legal immigrant parents, and two of these programs offer limited benefits with capped enrollment (see Figure 4). In the majority of immigrant families, the children are U.S. citizens—and thus eligible for federal benefits on the same basis as other citizens—while the parents are noncitizens. States that extend coverage only to children provide no assistance to these mixed-status families. Research shows that parents' access to health insurance has important implications for their children. Insurance helps parents access the health care they need, affecting their ability to work and care for their children. In addition, children are more likely to be enrolled in public health insurance programs when their parents are also eligible, and children with insured parents are more likely to access health care than children with uninsured parents.<sup>14</sup>

**Figure 3: State replacement programs for Food Stamps, TANF Cash Assistance, and SSI**



- 3 programs (3)—Food stamps, TANF cash assistance, and SSI—CA,\* ME, NE
- 2 programs (4)—Food stamps and TANF cash assistance: CT, WA, WI or TANF cash assistance and SSI: HI\*
- 1 program (11)—TANF cash assistance only: MD, MN,\* NM, NY,\* OR, PA, RI, TN, UT, VT, WY
- 0 programs (33)—AK, AL, AR, AZ, CO, DC, DE, FL, GA, IA,\* ID, IL,\* IN, KS, KY, LA, MA, MI, MO, MS, MT, NC, ND, NH,\* NJ,\* NV, OH, OK, SC, SD, TX, VA, WV

\* State-specific notes

State programs are counted in this map only if they are generally open to all legal immigrants not eligible for federally funded benefits based on their immigration status. Eligibility, however, may be affected by deeming and other requirements (e.g., recipients may be required to pursue citizenship). Some of the more limited state programs are described below.

CA SSI replacement benefits are \$10 per month less than federal benefits.

HI SSI replacement benefits are provided through the state's Aid to the Aged, Blind, and Disabled (AABD) program and are more limited than federal benefits.

IA State has a TANF cash assistance replacement program for certain immigrants who are victims of domestic violence.

IL State has a TANF cash assistance replacement program for certain immigrants who are victims of domestic violence, and an SSI replacement program for legal immigrants who entered the United States by August 22, 1996. Also, refugees whose 7-year eligibility period for federal SSI benefits has expired can receive more limited benefits through the state's Aid to the Aged, Blind, and Disabled program.

MN Legal immigrants may receive state-funded food stamps if they also receive TANF or are at least 50 years old.

NH State has an SSI replacement program for legal immigrants who entered the United States by August 22, 1996 or who have been legal immigrants for 5 years.

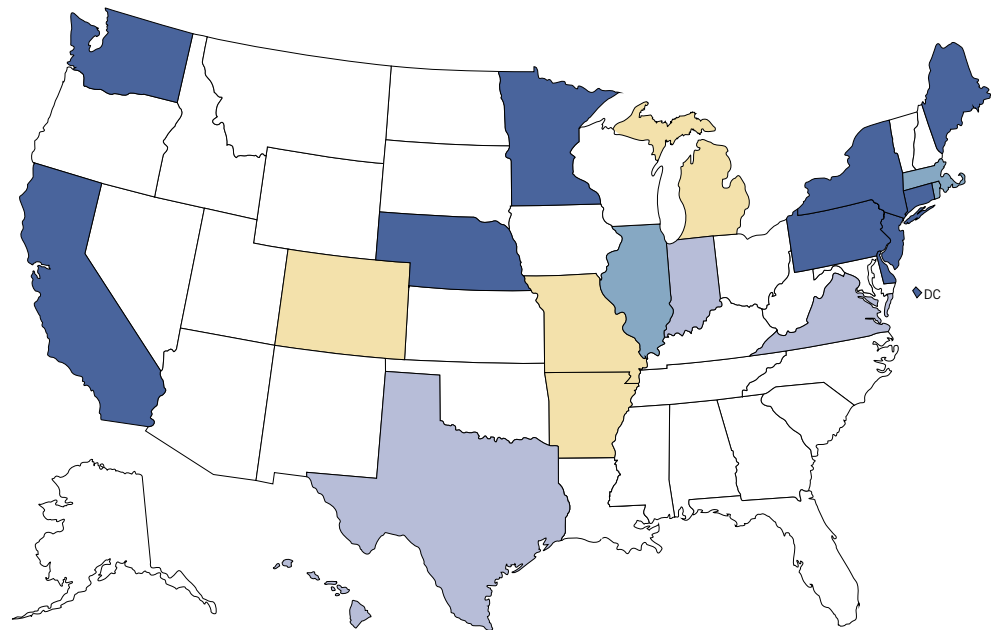
NJ State has a TANF cash assistance replacement program for certain immigrants who are victims of domestic violence.

NY State's TANF cash assistance replacement program provides "Safety Net" assistance that is more limited than federal TANF benefits.

Source: National Immigration Law Center. (2002). *Guide to immigrant eligibility for federal programs, 4th ed.* Washington, DC: National Immigration Law Center; with updates from Update Page, <[www.nilc.org/pubs/Guide\\_update.htm](http://www.nilc.org/pubs/Guide_update.htm)> (accessed September 23, 2005).

Date of data: Food stamps and TANF cash assistance: 2004, with some updates in 2005; SSI: 2005

**Figure 4: State public health insurance replacement programs**



- Public health insurance for children and parents, including prenatal care (11): CA, CT, DC,\* DE,\* ME, MN, NE, NJ,\* NY, PA, WA\*
- Public health insurance for children and for prenatal care (3): IL,\* MA, RI
- Public health insurance for children only (4): HI, IN, TX, VA
- Coverage for prenatal care only (4): AR, CO, MI, MO
- No public health coverage for immigrants barred from federal benefits (29): AK, AL, AZ, FL,\* GA, IA, ID, KS, KY, LA, MD,\* MS, MT, NC, ND, NH, NM, NV, OH, OK, OR, SC, SD, TN, UT, VT, WI, WV, WY\*

**\* State-specific notes**

State programs are counted in this map only if they are generally open to all legal immigrants not eligible for federally funded benefits based on their immigration status. Eligibility, however, may be affected by deeming. Some of the more limited state programs are described below.

- DC Program for parents provides only preventive care, and enrollment is capped for both children and parents.
- DE Coverage for immigrant children and parents is subject to availability of funds.
- FL State has a public health insurance program that covers immigrant children who were enrolled as of January 2004.
- IL State has a public health insurance program for certain legal immigrant parents who are victims of domestic violence.
- MD State has a program that provides prenatal care to certain legal immigrant women who were enrolled as of July 2005.
- NJ Funds for prenatal services are limited.
- WA State's program for both children and parents provides limited benefits with cost-sharing, and enrollment is capped. (As of January 2006, a new program will provide full Medicaid services to immigrant children in families with income below the federal poverty level, but enrollment will be capped.)
- WY State has a public health insurance program for certain legal immigrant children and parents (including prenatal care for pregnant women) who are victims of domestic violence.

Sources: Fremstad, S. & Cox, L. (2004). *Covering new Americans: A review of federal and state policies related to immigrants' eligibility and access to publicly funded health insurance*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured <[www.kff.org/medicaid/7214.cfm](http://www.kff.org/medicaid/7214.cfm)>. National Immigration Law Center. (2002). *Guide to immigrant eligibility for federal programs, 4th ed.* Washington, DC: National Immigration Law Center; with updates from Update Page, <[www.nilc.org/pubs/Guide\\_update.htm](http://www.nilc.org/pubs/Guide_update.htm)> (accessed September 23, 2005).

Date of data: 2005



## Approaches Among States with Large Immigrant Populations Vary<sup>15</sup>

Decisions regarding immigrants' access to benefits are particularly pressing in states with large immigrant populations, and these states have adopted varying approaches. California is home to more than a quarter of all foreign-born residents in the United States. Nearly half of all children in the state live in immigrant families, and more than 60 percent of the state's low-income children have at least one foreign-born parent.<sup>16</sup> California provides legal immigrants with replacement programs for the key income and employment support programs: food stamps, TANF cash assistance, SSI, and public health insurance for children and parents.

The state with the second largest immigrant population—New York—offers a more limited set of replacement programs. New York also offers replacement TANF benefits (although benefits are more limited than in the state's federal TANF program), but not SSI or food stamp benefits. New York's health insurance replacement program for children, on the other hand, is more generous than California's, as it extends coverage to children regardless of their immigration status. In California, there are efforts underway to extend health insurance coverage to all children (without immigration restrictions); some localities already offer such coverage and a statewide bill is under consideration.<sup>17</sup> In addition, both New York and California, along with two other major immigration states—Illinois and New Jersey—provide prenatal coverage for pregnant immigrant women, regardless of their status.

The other four states that have historically served as major immigrant destinations—Florida, Illinois, New Jersey, and Texas—provide more limited replacement benefits. None of these states offer replacement programs for food stamps, TANF cash assistance, or SSI, except to narrow categories of immigrants. Of the four, New Jersey has the most extensive public health insurance coverage for legal immigrants, having recently extended its program for children to cover parents as well. Illinois and Texas offer health coverage for children, but not for parents. Texas is also one of only three states in the country that extends the 5-year federal bar on legal immigrants' access to both TANF and Medicaid benefits.<sup>18</sup> Finally, Florida has provisions for covering immigrant children who are ineligible for federal benefits, but only children who were enrolled as of January 2004 are covered; new enrollment is frozen.

States with rapidly growing immigrant populations also face increasingly important decisions about how to respond to the needs of immigrant families. Currently, none of the four states with the fastest growing foreign-born populations—Arkansas, Georgia, Nevada, and North Carolina—have state-funded replacement programs for any of the income and employment supports discussed above.<sup>19</sup>

## States Can Make a Difference in the Economic Security of Immigrant Children

Children whose parents are foreign-born are more likely to be low income and to face a range of hardships, such as food insecurity and a lack of health insurance, that increase the likelihood of poor child outcomes. At the same time, many of these children and their families are barred from the income and employment supports that are designed to assist low-income families and help them achieve economic security. Moreover, benefit eligibility restrictions generally target those who are most likely to need assistance—families with recent and undocumented members.<sup>20</sup>

States can help to address this gap in supports by offering state-funded replacement programs for immigrants barred from federal benefits. In addition, state policies that promote family economic security more generally are critical for assisting immigrant families, who are disproportionately likely to be low income, despite high rates of employment. Such policies could include state minimum wage laws, earned income tax credits, and policies that increase access to Adult Basic Education, English as a Second Language classes, and vocational education.<sup>21</sup> Other state options include assisting immigrants in applying for U.S. citizenship and expanding benefit outreach efforts among immigrant communities. States can also support efforts at the federal level to restore legal immigrants' eligibility for benefits and to address the factors that prevent many eligible immigrant families from accessing supports.<sup>22</sup>

A substantial share of this country's children live in immigrant families, and the vast majority of them will remain here throughout their lifetimes. Efforts to address the needs of America's low-income children cannot succeed unless they include investments in immigrant children and families.

## Endnotes

1. U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2004. Table 5.1: Population by Sex, Age, and Generation: 2004 <[www.census.gov/population/socdemo/foreign/ppl-176/tab05-1.pdf](http://www.census.gov/population/socdemo/foreign/ppl-176/tab05-1.pdf)>. Accessed May 2, 2005 (Internet release date: February 22, 2005).
2. Capps, R.; Fix, M.; & Reardon-Anderson, J. (2003). *Children of immigrants show slight reductions in poverty, hardship*. Washington, DC: Urban Institute <[www.urban.org/UploadedPDF/310887\\_snapshots3\\_no13.pdf](http://www.urban.org/UploadedPDF/310887_snapshots3_no13.pdf)>.
3. Migration Information Source, US in Focus, [www.migrationinformation.org/USfocus/](http://www.migrationinformation.org/USfocus/) (accessed September 23, 2005).
4. NCCP analysis of data from U.S. Current Population Survey, Annual Social and Economic Supplement, March 2002, 2003, and 2004, which represents information from calendar years 2001, 2002, and 2003 (for more information, see NCCP's 50-State Demographics Wizard: [www.nccp.org/wizard/wizard.cgi?action=B](http://www.nccp.org/wizard/wizard.cgi?action=B)).
5. See Migration Information Source in endnote 3.
6. See endnote 4.
7. For more information about major categories of legal immigrants, see Dinan, K. A. (2005). *Federal policies restrict immigrant children's access to key public benefits* (Children in Low-Income Immigrant Families Policy Brief). New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health.
8. Note that these restrictions on access to federal benefits generally do not apply to refugees, U.S. veterans (and their families), or immigrants who can claim 10 years of work in the United States (immigrants may claim work performed by a spouse or by a parent while they were under age 18; no credit is given for work performed while also receiving a federal means-tested benefit). In addition, the 5-year bar on access to TANF cash assistance, Medicaid, and SCHIP does not apply to immigrants who entered the United States by August 22, 1996.
9. The first brief in this series discusses these issues in more depth. See Dinan in endnote 7.
10. Zimmerman, W. & Tumlin, K. C. (1999). *Patchwork policies: State assistance for immigrants under welfare reform*. Washington, DC: Urban Institute, pp. 19-21 <[www.urban.org/template.cfm?Template=/TaggedContent/ViewPublication.cfm&PublicationID=5985&NavMenuID=95](http://www.urban.org/template.cfm?Template=/TaggedContent/ViewPublication.cfm&PublicationID=5985&NavMenuID=95)>. Note that the shift in decision-making power from the federal government to the states was accompanied by a shift in fiscal responsibility, as states bear the cost of providing replacement benefits and/or responding to the needs of a low-income population that is excluded from the general safety net.
11. Unless otherwise indicated, data used in this section are from the following sources: (a) Data on replacement programs for food stamps, TANF cash assistance, and SSI are from National Immigration Law Center. (2002). *Guide to immigrant eligibility for federal programs, 4th ed.* Washington, DC: National Immigration Law Center, with updates from Update Page, <[www.nilc.org/pubs/Guide\\_update.htm](http://www.nilc.org/pubs/Guide_update.htm)> (accessed September 23, 2005). Date of data: Food Stamps and TANF cash assistance: 2004, with some updates in 2005; SSI: 2005. (b) Data on replacement health insurance programs are from Fremstad, S. & Cox, L. (2004). *Covering new Americans: A review of federal and state policies related to immigrants' eligibility and access to publicly funded health insurance*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured; and National Immigration Law Center. (2002). *Guide to immigrant eligibility for federal programs, 4th ed.* Washington, DC: National Immigration Law Center, with updates from Update Page <[www.nilc.org/pubs/Guide\\_update.htm](http://www.nilc.org/pubs/Guide_update.htm)>. (accessed September 23, 2005). Date of data: 2005.
12. The following states extend the federal 5-year bar on access to TANF and/or Medicaid benefits: Alabama, Indiana, Mississippi, North Dakota, Ohio, South Carolina, Texas, Virginia, and Wyoming. See: National Immigration Law Center in endnote 11 (a).
13. In addition, eligibility for benefits does not ensure access. For a discussion of some of the barriers that immigrant families face in accessing the benefits for which they are eligible, see Dinan in endnote 7.
14. See Dubay, L. & Kenney, G. (2003). Expanding public health insurance to parents: Effects on children's coverage under Medicaid. *Health Sciences Research*, October, 38(5), pp. 1283-1302; and Davidoff, A.; Dubay, L.; Kenney, G.; & Yemane, A. (2003). The effect of parents' insurance coverage on access to care for low-income children. *Inquiry—Excellus Health Plan*, Fall, 40(3), pp. 254-268.
15. See endnote 11.

16. See endnote 4.
17. For more information about this initiative, see the web site: 100% Campaign: Health Insurance for Every California Child, at <[www.100percentcampaign.org](http://www.100percentcampaign.org)>.
18. The other two states that extend the bar on both programs are Mississippi and Ohio. See: National Immigration Law Center in endnote 11 (a).
19. Arkansas extends prenatal care to immigrant women, regardless of immigration status, by exercising a federal option to extend SCHIP coverage to fetuses, which do not have an immigration status.
20. For more on the characteristics of children of recent immigrants, see: Douglas-Hall, A. & Koball, H. *Children of recent immigrants: National and regional trends*. New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health <[www.nccp.org/media/cri04-text.pdf](http://www.nccp.org/media/cri04-text.pdf)>. For more on the characteristics of undocumented immigrants, see Passel, J. S. (2005). *Unauthorized migrants: Numbers and characteristics*. Washington, DC: Pew Hispanic Center <[pewhispanic.org/files/reports/46.pdf](http://pewhispanic.org/files/reports/46.pdf)>.
21. For state-by-state data on child and family policies, see NCCP's 50-State Policies Wizard: <[www.nccp.org/wizard/wizard.cgi?action=X](http://www.nccp.org/wizard/wizard.cgi?action=X)>.
22. For more information about federal policies related to immigrants and their access to income and employment supports, see Dinan in endnote 7.