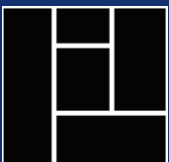


**A COMPREHENSIVE REVIEW OF IMMIGRANT ACCESS TO
HEALTH AND HUMAN SERVICES**

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A Comprehensive Review of Immigrant Access to Health and Human Services

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About the Project

The *Immigrant Access to Health and Human Services* study maps and describes the policy context that can affect immigrant access to health and human services as well as the well-being of immigrants and their children. The study is funded by the Office of Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services. Through synthesis of existing information, supplemented by in-depth visits to purposively selected sites, the project identifies and describes

- the eligibility criteria related to immigrants under major federal and federal/state health and human service programs, in particular TANF, SNAP, Medicaid, and CHIP;
- the major barriers to immigrants' access to health and human services, including barriers due to program eligibility provisions, immigration enforcement initiatives, family composition, or other factors;
- the potential impact on immigrant families of new eligibility provisions being implemented under health care reform; and
- innovative or promising practices, program designs, or other strategies and initiatives that appear to facilitate or improve immigrant families' access to health and human services.

This paper summarizes the policy landscape affecting immigrants' eligibility for, and access to, health and human services from a review of literature and existing information. It provides a building block for the fieldwork and in-depth analyses of immigrant access to health and human services.

Acronyms

CHIP	Children’s Health Insurance Program
CHIPRA	Children’s Health Insurance Program Reauthorization Act of 2009
IIRIRA	Illegal Immigration Reform and Immigrant Responsibility Act of 1996
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act of 1996
SNAP	Supplemental Nutrition Assistance Program (formerly known as the Food Stamp Program)
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families

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Figure 1. Key Terms

Foreign born

Someone born outside the United States and its territories, except those born abroad to U.S. citizen parents. The foreign born include those who have obtained U.S. citizenship through naturalization and other persons in different immigration statuses. People born in the United States, Puerto Rico, and other territories, or born abroad to U.S. citizen parents, are native born.

Immigrant

A foreign-born person who is not a citizen of the United States as defined by the Immigration and Nationality Act, Section 101 et seq (similar to the statutory term “alien”). This definition of immigrant is narrower than some common definitions that treat any foreign-born person as an immigrant, including those who have become naturalized citizens. Since a central focus of this study is on immigrant eligibility, and citizenship is a key factor in determining eligibility for benefit programs, this paper adheres to the legal definition of immigrant.

Lawful permanent residents (LPRs)

People lawfully admitted to live permanently in the United States by either qualifying for immigrant visas abroad or adjusting to permanent resident status in the United States. Many but not all LPRs are sponsored (i.e., brought to the United States) by close family members or employers.

Naturalized citizens

LPRs who have become U.S. citizens through the naturalization process. Typically, LPRs must be in the United States for five or more years to qualify for naturalization. Immigrants who marry citizens can qualify in three years, and some smaller categories can qualify sooner. LPRs generally must take a citizenship test—in English—and pass background checks before qualifying to naturalize.

Refugees and asylees

Persons granted legal status due to persecution or a well-founded fear of persecution in their home countries. Refugee status is granted before entry to the United States. Asylees usually arrive in the United States without authorization (or overstay a valid visa), claim asylum, and are granted asylee status once their asylum application is approved. Refugees and asylees are eligible to apply for permanent residency after one year.

Undocumented or unauthorized immigrants

Immigrants who are not LPRs, refugees, or asylees and have not otherwise been granted permission under specific authorized temporary statuses for lawful residence and work.

Lawfully present immigrants

The term “lawfully present” is used for applying for Title II Social Security benefits and is defined in the Department of Homeland Security (DHS) regulations at 8 CFR 103.12(a). The same definition is also used by the U.S. Department of Agriculture for determining eligibility for food stamp benefits. In 2010, the Centers for Medicare and Medicaid (CMS) issued a guidance to states that further defined “lawfully present” for determining eligibility for Medicaid/CHIP benefits under the Children’s Health Insurance Program Reauthorization Act of 2009 (CMS, “Re: Medicaid and CHIP Coverage of ‘Lawfully Residing’ Children and Pregnant Women,” SHO # 10-006, CHIPRA #17, Center for Medicaid, CHIP, and Survey and Certification, July 1, 2010, <https://www.cms.gov/smdl/downloads/SHO10006.pdf>). Lawfully present immigrants broadly include LPRs, refugees, and asylees, as well as other foreign-born persons who are permitted to remain in the United States either temporarily or indefinitely but are not LPRs. Some lawfully present immigrants have entered for a temporary period, for work, as students, or because of political disruption or natural disasters in their home countries, and some may seek to adjust their status and may have a status that allows them to remain in the country but do not have the same rights as LPRs.

Pre-enactment immigrants

Immigrants who entered the United States before enactment of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) on August 22, 1996.

Post-enactment immigrants

Immigrants who entered the United States on or after the enactment of PRWORA (August 22, 1996).

Qualified immigrants

The following foreign-born persons are considered for eligibility for federal benefits:

- LPRs
- refugees
- asylees
- persons paroled into the United States for at least one year
- persons granted withholding of deportation or removal
- persons granted conditional entry (before April 1, 1980)
- battered spouses and children (with a pending or approved spousal visa or a self-petition for relief under the Violence Against Women Act)
- Cuban and Haitian entrants (nationals of Cuba and Haiti who were paroled into the United States, applied for asylum, or are in exclusion or deportation proceedings without a final order)
- victims of severe human trafficking (since 2000, victims of trafficking and their derivative beneficiaries [e.g., children], are eligible for federal benefits to the same extent as refugees/asylees)

Nonqualified immigrants

Immigrants who do not fall under the qualified immigrant groups, including immigrants formerly considered permanently residing under color of law (PRUCOLs), persons with temporary protected status, asylum applicants, other lawfully present immigrants (such as students and tourists), and unauthorized immigrants.

Permanently residing in the United States under color of law (PRUCOL)

PRUCOL is not an official DHS immigration status but was previously used in some benefit programs to define individuals that immigration authorities were aware of but had no plans to deport or remove from the country. Some states and localities still use the term under their immigrant eligibility provisions for state-only- (or county-only-) funded benefits.

Federal means-tested benefits

- Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program)
- Temporary Assistance for Needy Families (TANF)
- Medicaid
- Children’s Health Insurance Program (CHIP)
- Supplemental Security Income (SSI)

Eligibility and immigrant eligibility

Health and human service programs have various eligibility criteria that must be met by any person seeking benefits or assistance, including any immigrant. Programs have different eligibility rules related to income level and family composition, as well as other criteria (e.g., work participation under TANF). Under TANF, Medicaid, and CHIP, states have flexibility related to some eligibility criteria; under SNAP, federal criteria apply in every state. “Immigrant eligibility” refers to the *additional* eligibility criteria related to a specific immigration and/or citizenship status. Immigrants who might be eligible based on their immigration status must still meet the underlying eligibility criteria for the program (e.g., income, family composition) to actually receive benefits and be determined eligible.

Five-year ban

Under TANF, SNAP, Medicaid, and CHIP, post-enactment qualified immigrants, with important exemptions, are generally banned from receiving federal means-tested benefits during their first five years in the United States. Detailed immigrant eligibility criteria for these programs are provided in the discussion and tables of

the report.

Exemptions to the five-year ban for federal means-tested benefits

- Humanitarian grounds—refugees, asylees, individuals granted withholding of deportation or removal, Cuban and Haitian entrants, Amerasians, and victims of severe human trafficking
- Military—veterans, members of the military on active duty, and their spouses, surviving spouses, and unmarried dependent children
- Work (SNAP only)—LPRs who have worked at least 40 qualifying quarters as defined by the Social Security Act. After December 31, 1996, no quarter can be considered qualifying if the immigrant receives a federal means-tested benefit during the quarter. Credit is given to immigrants for work performed by their parents (if under 18) or by a spouse while married or “holding out to the community as married.”

Sponsor deeming

The attribution of the income and resources of an immigrant’s sponsor or sponsors (and their spouse) to the immigrant for determining income eligibility for public benefits. The Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996 required that certain sponsors (e.g., those petitioning for their family member) sign a legally enforceable affidavit of support on behalf of the foreign-born person seeking admission to the United States. The sponsor is financially responsible for the immigrant until he or she naturalizes or meets the requirement of 40 qualifying quarters of work as defined by the Social Security Act. The income and resources of the sponsor are deemed available to the immigrant when determining his or her eligibility for federal means-tested public benefits (Fix and Passel 2002; Zimmermann and Tumlin 1999).

Public charge

“Public charge” as a ground of inadmissibility and deportation has been part of U.S. immigration law since 1882. An alien who is likely at any time to become a public charge is inadmissible and ineligible to become a lawful permanent resident. In 1999, the Department of Justice published guidance that defined public charge as 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 institutionalization for long-term care at government expense.” This definition alone cannot be used to determine if an alien is a public charge; other factors, such as age, health, financial status, resources, and assets, must also be considered (U.S. Department of Homeland Security, “Fact Sheet: Public Charge,” press release, May 25, 1999). A sponsor’s affidavit of support may also be considered in this determination.

Benefits specifically excluded from public charge consideration include the following:

- Medicaid (except assistance for institutionalized long-term care)
- CHIP
- SNAP
- noncash TANF benefits, such as subsidized child care and transit subsidies
- prenatal care
- emergency medical assistance
- immunizations and other benefits

Introduction

Rapid immigration during the 1990s nearly doubled the number of the foreign born population in the United States from 20 to 38.5 million between 1990 and 2009.¹ The growth rate was fastest during the 1990s—the foreign born population reached 31.1 million by 2000—but the numbers continued to increase steadily during the 2000s. Currently the foreign born represent 13 percent of the U.S. population.

The foreign born are a disproportionately higher share of the U.S. labor force, partly because of high labor force participation and a tendency to migrate during their younger working years. Foreign born workers are diverse in the human capital they bring. Compared with native workers, foreign born workers are both more likely to be lower-skilled and more likely to be higher-skilled (Capps and Fortuny 2008). Nationally, about half of foreign born workers lack English proficiency, but English skills vary by areas of origin and education levels.

While many of the foreign born fare well economically, large shares of them—especially those that are Hispanic, unauthorized immigrants, and recent arrivals—are economically disadvantaged (Friedberg and Jaeger 2009; Hernandez 2004; Passel and Cohn 2009). Thirty-nine percent of the foreign born nationally are low income versus 29 percent of the native born.² The low-income rate is higher for the foreign born who lack a high school education, are not proficient in English, and have lived less than 10 years in the United States. As indicated in the previous paragraph, low-income rates are not explained by lower work effort; in fact, the foreign born have at least the same, if not slightly higher, labor force participation rates as the native born (Capps and Fortuny 2008; Capps, Fortuny, and Fix 2007).

An important consequence of the increased foreign born population is that more U.S. children now live in immigrant families. More than 80 percent of children with foreign born parents are U.S. citizens by birth. More than half of these children have parents who do not speak English well, and about half live in low-income families.

The growing and diverse foreign born population alters the provision of public health and human services. Among the services affected are several major federal-state programs intended to support work, economic stability, nutrition, and health for low-income children and families, and in some cases childless adults: Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP),³ Medicaid, and the Children’s Health Insurance Program (CHIP).⁴ But

¹ A foreign-born person is someone born outside the United States and its territories, except those born abroad to U.S. citizen parents. For more details, see figure 1 on page vi.

² Authors’ tabulations from the 2007 and 2008 American Community Survey. Low income is having family income below 200 percent of the federal poverty level (FPL). This threshold is about the minimum that families need to cover the median basic family budget defined by the Economic Policy Institute and by the self-sufficiency standard developed by Wider Opportunities for Women (Allegretto 2005; Wider Opportunities for Women 2007; Zedlewski, Chaudry, and Simms 2008). Low-income families do not earn enough to cover the costs of housing, health care, child care, and other necessities and could be eligible for food stamps, health insurance for children, the earned income tax and child tax credits, and child care subsidies (Zedlewski et al. 2008).

³ The Food Stamp Program’s name was changed to the Special Nutrition Assistance Program in 2008.

despite their increasing numbers and disproportionately large share of the low-income population, immigrants⁵ have lower rates of benefits use than the native born (Capps and Fortuny 2006; Capps et al. 2004; Fix and Passel 2002; Friedberg and Jaeger 2009; Hernandez 2004). And, lower rates of benefits use are not limited to immigrants; U.S.-born children with immigrant parents also have lower rates of use relative to children in native-born families. For example, eligible U.S. citizen children with immigrant parents are less likely to participate in Medicaid and/or CHIP than children who have U.S. citizen parents (Kenney et al. 2010).

The first goal of this paper is to describe the complex federal and state immigrant eligibility rules. Immigrant access to health and human services is largely shaped by eligibility provisions related to immigrant status. Immigrants have faced eligibility restrictions for federal means-tested benefits since the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was enacted in 1996. PRWORA and later legislation that amended it created numerous provisions that set the parameters for states' use of federal and state funding and increased states' authority in administering federal and state public benefit programs. The existing landscape of immigrant eligibility is complex, shifting, and variable across and sometimes within states. Large variations in program choices and state and local implementation also add to the complexity. This complexity creates the need for a timely and up-to-date study that describes the policy context affecting immigrant access to health and human services.

But immigrant eligibility rules do not fully describe access to federal benefits for immigrants. Immigration-related enforcement activities also can affect the broad policy context that determines access to benefits for this population. The second goal of this paper is to highlight immigration enforcement initiatives that can affect access to benefits.

The third goal of the paper is to document the state implementation and local practices that can affect immigrant participation in benefit programs, along with other barriers to access including immigrants' lack of knowledge about the programs, confusion about eligibility requirements, language and cultural barriers, family composition (e.g., families where some or all children are U.S. citizens but one or both parents are not), fear of adverse immigration consequences (e.g., deportation of a family member who is an unauthorized immigrant) or concerns that benefits receipt might limit their ability to naturalize (Fix and Passel 2002; Hagan et al. 2003; Holcomb et al. 2003; Shields and Behrman 2004; Zimmermann and Tumlin 1999).

While this paper provides an overview of key issues in immigrants' access to health and human services, later phases of the project will hone in on specific issues through site visits that explore the interaction of policy and practice in purposively selected sites around the country.

⁴ This study focuses on TANF, SNAP, Medicaid, and CHIP. Supplemental Security Income (SSI), Medicare, Social Security, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Child Care and Development Block Grant services, and other federal programs are outside the scope of the project.

⁵ An immigrant is a foreign-born person who is not a citizen of the United States per the Immigration and Nationality Act, Section 101 et seq. For more details, see figure 1 on page vi.

Overview of Federal Policy

While many immigrants who are lawfully present in the United States can use public benefits, eligibility provisions based on citizenship and immigration status may restrict their access to certain health and human services. These eligibility restrictions introduced in the mid-1990s are not limited to unauthorized immigrants, who have generally always been ineligible for federally funded assistance, but also apply to lawfully present immigrants and vary across public benefit programs.⁶

Welfare Reform of 1996

Before 1996, lawfully present immigrants were generally eligible for public benefits on similar terms as citizens and had to meet the same eligibility criteria, such as income and family composition. In 1996, PRWORA broadly restricted lawfully present immigrants' access to means-tested benefits, such as TANF, SNAP, Medicaid, and SSI, based largely on their immigration status.⁷ Since unauthorized immigrants were barred from these federal means-tested programs before 1996, the welfare reform changes did not affect them as much as it did lawfully present immigrants (Borjas 2002; Fix and Passel 2002; Fix, Capps, and Kaushal 2009).

PRWORA established two categories of immigrants for eligibility purposes: qualified immigrants and nonqualified immigrants (key terms are explained in figure 1). Qualified immigrants include lawful permanent residents (LPRs), refugees, asylees, and persons in various other immigration statuses, such as battered spouses and children.⁸ The nonqualified category captures all other foreign-born persons and includes some lawfully present immigrants, such as students and tourists, along with unauthorized immigrants.⁹

But just because an immigrant is qualified does not mean that he or she is eligible for public benefits. For example, qualified immigrants arriving in the United States on or after enactment of PRWORA in

⁶ Throughout this report, “lawfully present immigrants” and “legal immigrants” are used interchangeably. Lawfully present immigrants as defined by 8 CFR 103.12(a) include LPRs, refugees, asylees, and other foreign-born people who are permitted to remain in the United States either temporarily or indefinitely but who are not LPRs. See figure 1 for definitions of key terms.

⁷ Certain programs are exempt from PRWORA's restrictions on immigrants' eligibility. Programs that deliver in-kind community services; do not condition the provision, amount, or cost of assistance on the applicant's income or resources; and are necessary to protect life or safety are available to all immigrants regardless of status. Examples include medical and public health services necessary to protect life or safety, short-term shelter, soup kitchens, and community food banks (National Immigration Law Center, “Attorney General Publishes Final List of Programs Necessary for Protection of Life or Safety, February 28, 2001,” <http://www.nilc.org/immspbs/misc/misc004.htm>).

⁸ Qualified immigrants include LPRs, refugees and asylees, persons paroled into the United States for at least one year, persons granted withholding of deportation or removal, persons granted conditional entry, battered spouses and children, Cuban and Haitian entrants, and, since 2000, victims of severe human trafficking. The Victims of Trafficking and Violence Protection Act of 2000 made victims of trafficking eligible for benefits on the same term as refugees regardless of immigrant status. Since 2008, victims of trafficking and their derivative beneficiaries (e.g., children) who obtain a T visa or have a bona fide application for a T visa are considered qualified immigrants (Broder and Blazer 2010).

⁹ Nonqualified immigrants are foreign-born people who do not fall under the qualified immigrant groups, including immigrants formerly considered permanently residing under color of law (PRUCOLs), persons with temporary protected status, asylum applicants, other lawfully present immigrants (such as students and tourists), and unauthorized immigrants. In addition to programs necessary to protect life or safety, nonqualified immigrants, regardless of status, are eligible for some other programs, such as WIC and school breakfast and lunch programs for children. Nonqualified immigrants are also eligible for emergency Medicaid if they are otherwise eligible for their state's Medicaid program.

August 22, 1996 (post-enactment immigrants) may be ineligible for federal means-tested benefits for at least their first five years in qualified immigrant status, often referred to as the five-year ban (Fix, Zimmermann, and Passel 2001). PRWORA exempted select groups from the five-year ban for some or all programs: refugees, asylees, and other immigrants exempt on humanitarian grounds;¹⁰ immigrants with credit for 40 qualifying quarters of work (for SNAP only);¹¹ and members of the military and veterans (and their spouses and children; see figure 2). In addition, the 2002 Farm Security and Rural Investment Act restored SNAP eligibility to qualified children regardless of their date of arrival in the United States. Finally, as discussed later in the report, the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) allowed states to cover lawfully present children and pregnant women under Medicaid and/or CHIP, including during the five-year ban.

Figure 2. Federal Requirements for Qualified Immigrants for TANF, SNAP, and Medicaid

Immigrants ^a exempt from the five-year ban for TANF, SNAP, and Medicaid	Immigrants ^b that states are required to cover under TANF and Medicaid
<ul style="list-style-type: none"> • Humanitarian grounds: <ul style="list-style-type: none"> ○ Refugees and asylees ○ Individuals granted withholding of deportation or removal ○ Cuban and Haitian entrants ○ Amerasians ○ Victims of severe human trafficking ○ Iraqi and Afghan special immigrants • LPRs with credit for 40 qualifying quarters of work (SNAP only) • Members of the military and veterans (and their spouses and children) • Children under 18 (SNAP only) • Pregnant women and children (Medicaid only, at state option) 	<ul style="list-style-type: none"> • Humanitarian grounds: <ul style="list-style-type: none"> ○ Refugees and asylees ○ Individuals granted withholding of deportation or removal ○ Cuban and Haitian entrants ○ Amerasians ○ Victims of severe human trafficking ○ Iraqi and Afghan special immigrants • LPRs with credit for 40 qualifying quarters of work • Members of the military and veterans (and their spouses and children) • Persons receiving SSI (Medicaid only)
<p>a. Post-enactment immigrants (who arrived in the United States on or after August 22, 1996)</p>	<p>b. Pre-enactment immigrants (who arrived in the United States before August 22, 1996) and post-enactment immigrants after the five-year ban</p>

PRWORA also gave states’ greater authority to administer public benefit programs in two important ways. First, states can institute new state-only-funded benefits for nonexempt qualified immigrants

¹⁰ Immigrants exempt on humanitarian grounds include refugees and asylees; individuals granted withholding of deportation or removal; Cuban and Haitian entrants; Amerasians (Vietnamese Amerasians granted lawful permanent residency under a special statute); since 2000, victims of severe human trafficking; and, since 2007, Iraqi and Afghan special immigrants (Broder and Blazer 2010). See figure 2.

¹¹ LPRs have to demonstrate 40 qualifying quarters of work as defined by the Social Security Act. Credit is given to immigrants for work performed by their parents (if under 18) or by a spouse while married or “holding out to the community” as married. After December 31, 1996, a quarter cannot be considered qualifying if the immigrant receives a federal means-tested benefit during the quarter (Broder 2005).

during the five-year ban to replace the loss of federal benefits (including SNAP, TANF, and Medicaid substitute benefits). States can also provide state-only-funded assistance to nonqualified immigrants. Second, outside the five-year ban provisions, states have authority to determine eligibility for TANF and Medicaid for some, but not all, qualified immigrants. Under PRWORA, states are required to cover certain qualified immigrants under TANF and Medicaid using federal funding: refugees, asylees, and other immigrants exempt on humanitarian grounds;¹² LPRs with 40 qualifying quarters of work; members of the military and veterans (and their spouses and children); and those receiving SSI (for Medicaid only) (figure 2). States can, however, determine TANF and Medicaid eligibility for all other qualified immigrants (Broder and Blazer 2010; Fix et al. 2009).

Given the new eligibility restrictions established under PRWORA, states were left to choose what coverage to provide with state-only funding, especially within the five-year period that prohibited eligibility for federal means-tested benefits for large portions of qualified immigrants. Following PRWORA, 17 states chose to provide state-only-funded food assistance to lawfully present immigrants made ineligible by the law, and 19 and 14 states, respectively, provided state-only-funded substitute TANF and Medicaid benefits to qualified immigrants during the five-year ban (Zimmermann and Tumlin 1999).

Since 1996, federal legislation has restored benefits to some categories of qualified immigrants, most importantly for SNAP and Medicaid benefits.¹³ The rest of the report summarizes the current immigrant eligibility rules under TANF, SNAP, Medicaid, and CHIP, and states policies on benefits coverage within the federal framework.

Beyond the eligibility rules that affect immigrants specifically, TANF, SNAP, Medicaid, and CHIP have important differences in how they are structured and financed. For example, under TANF the federal government provides states with a fixed block grant amount, although states must spend a certain amount of their own money to meet the maintenance-of-effort (or MOE) requirements. States have some flexibility in determining eligibility criteria; type, amount, and length of benefits; and other key program aspects. Medicaid is a jointly funded federal-state program to provide health coverage to certain low-income individuals in programs administered by the states. Federal funding is matched with state funds for certain covered services as outlined under each state's Medicaid plan.¹⁴ The federal Medicaid law establishes mandatory eligibility for certain groups and the services to be provided but also gives states options to expand the populations covered and services beyond the minimum standards. As such, states vary greatly in populations covered and services provided. In comparison, SNAP is funded fully by the federal government and has federal eligibility criteria and benefit levels that apply in every state, although states administer SNAP and have options that may affect eligibility and access.

The underlying differences in program structures and financing create variability and complexity across states. The general provisions and choices affect immigrants as they affect everyone else in the

¹² States are required to provide to immigrants exempt on humanitarian grounds TANF benefits during their first five years in qualified immigrant status and Medicaid benefits during their first seven years in that status.

¹³ For a comprehensive review of federal legislation see Fix et al. (2009).

¹⁴ The federal matching rate differs for each state and is based on the per capita income in the state, with lower-income states receiving a higher federal matching rate and higher-income states receiving a 50 percent matching rate.

state seeking assistance under these programs, but these differences can interact with immigrant eligibility rules to create even more variability for immigrant access to health and human services.

Current Federal Rules

Current immigrant eligibility under federal rules for TANF, SNAP, Medicaid, and CHIP are summarized in table 1.¹⁵ This table is based on information summarized and updated by the National Immigration Law Center (NILC) and other publicly available sources (Broder 2005; Broder and Blazer 2010; NILC 2010c; Rowe, Murphy, and Mon 2010).¹⁶ Eligibility provisions for SNAP are presented in the first column. Qualified immigrant children are eligible for SNAP, and the five-year ban does not apply to them. Eligibility for adults depends on their immigration status and tenure in the United States. Refugees, asylees, and other immigrants exempt on humanitarian grounds; qualified immigrants receiving disability-related assistance; members of the military and veterans (and their spouses and children); and members of certain Hmong or Laotian tribes are eligible for SNAP and are exempt from the five-year ban. Other qualified immigrants are eligible for SNAP only after the five-year ban. One exception are LPRs with 40 qualifying quarters of work, who are exempt from the ban: immigrants who have credit for a sufficient amount of quarters but have less than five years in a qualified status (e.g., have credit for work performed by the spouse) would fall in this category. Nonqualified immigrants are not eligible for food assistance except if they are members of certain Hmong or Laotian tribes or certain American Indians born abroad.

Under TANF, children are not an exempt category. Qualified immigrants, regardless of age, are generally eligible for TANF if they arrived in the United States before PRWORA was enacted.¹⁷ Among qualified post-enactment immigrants, refugees, asylees, and other immigrants exempt on humanitarian grounds and members of the military and veterans (and their spouses and children) are exempt from the five-year ban and eligible for TANF. Other qualified immigrants only become eligible for TANF after the five-year ban, while nonqualified immigrants are not eligible.

Medicaid has special provisions for lawfully residing immigrant children and pregnant women, who are eligible for Medicaid and CHIP under the CHIPRA option.¹⁸ The group of lawfully residing immigrants eligible for Medicaid and/or CHIP is a larger category and includes not only qualified immigrants but also several other categories of immigrants who have permission to live and/or work

¹⁵ This table summarizes immigrant eligibility rules for federally funded benefits. State rules on state-only-funded benefits are summarized in the tables that follow.

¹⁶ See also CMS, "Re: Medicaid and CHIP Coverage of 'Lawfully Residing' Children and Pregnant Women," SHO # 10-006, CHIPRA #17, Center for Medicaid, CHIP, and Survey and Certification, July 1, 2010, <https://www.cms.gov/smdl/downloads/SHO10006.pdf>.

¹⁷ Outside the five-year ban, states are required to cover certain groups of qualified immigrants under TANF: refugees, asylees, and other immigrants exempt on humanitarian grounds for the first five years in qualified status; LPRs with credit for 40 qualifying quarters of work; and members of the military and veterans (and their spouses and children). States are allowed to determine eligibility for all other qualified immigrants.

¹⁸ With CHIPRA, states have the option to receive federal funding to provide coverage to lawfully residing children up to age 21 and/or pregnant women for 60 days postpartum, including during the five-year ban. States electing this option may provide coverage to these groups under their Medicaid program only or under both their Medicaid and CHIP programs.

in the United States and meet the state residency requirement.¹⁹ For nonpregnant adults, qualified pre-enactment immigrants and post-enactment immigrants after the five-year ban are eligible for Medicaid.²⁰ During the five-year ban, only refugees, asylees, and other immigrants exempt on humanitarian grounds; members of the military and veterans (and their spouses and children); and immigrants receiving foster care benefits are eligible for Medicaid. Among nonqualified immigrants, only immigrants receiving SSI as of the PRWORA enactment (in states that link Medicaid to SSI eligibility) are eligible for Medicaid.²¹

Immigrant eligibility provisions for CHIP are generally similar to those for Medicaid. Qualified pre-enactment immigrants and post-enactment immigrants after the five-year bar are eligible for CHIP.²² Refugees, asylees, and other immigrants exempt on humanitarian grounds, along with members of the military and veterans (and their spouses and children), are exempt from the five-year ban.

¹⁹ Lawfully present immigrants as defined by CMS include LPRs, refugees, asylees, and other foreign-born persons who are permitted to remain in the United States either temporarily or indefinitely but are not LPRs. Applicants must also meet the Medicaid state residency requirement (CMS, “Re: Medicaid and CHIP Coverage of ‘Lawfully Residing’ Children and Pregnant Women”).

²⁰ States are required to cover certain qualified immigrants under Medicaid: refugees, asylees, and other immigrants exempt on humanitarian grounds for the first seven years in qualified status; LPRs with credit for 40 qualifying quarters of work; members of the military and veterans (and their spouses and children); and persons receiving SSI. States are allowed to determine eligibility for all other qualified immigrants.

²¹ Emergency medical services under Medicaid are not subject to the immigrant eligibility rules, including the five-year ban, discussed here. Immigrants that are ineligible for full Medicaid because of immigration status and meet all other eligibility requirements may receive benefits for emergency medical services.

²² States are required to cover all qualified immigrants unless CHIP is implemented as a Medicaid expansion, in which case the Medicaid provisions apply.

Table 1. Immigrant Eligibility for Federally Funded SNAP, TANF, Medicaid, and CHIP

Immigrants	SNAP	TANF^g	Medicaid	CHIP
Children	Eligible, if qualified ^e	No special provision; eligibility depends on immigrant status, time of arrival, and duration of residence	Eligible, at state option, if lawfully residing ⁱ	Eligible, at state option, if lawfully residing ⁱ
Pregnant women	No special provision; eligibility depends on immigrant status, time of arrival, and duration of residence	No special provision; eligibility depends on immigrant status, time of arrival, and duration of residence	Eligible, at state option, if lawfully residing ⁱ	Eligible, at state option, if lawfully residing ⁱ
Pre-enactment qualified immigrants, not subject to five-year ban^{a,b}	Eligible, if <ul style="list-style-type: none"> - refugees, asylees, and other immigrants exempt on humanitarian grounds^f - in qualified status for 5 or more years - LPRs with 40 qualifying quarters - veteran, active-duty military, spouse, child - receiving disability-related assistance - certain Hmong or Laotian tribe members, spouse, child - certain American Indians born abroad - were 65 years or older and were lawfully residing on August 22, 1996 	Eligible ^h	Eligible ^h	Eligible
Post-enactment qualified immigrants with less than five years of residency, generally subject to five-year ban^{a,c}	Eligible, if <ul style="list-style-type: none"> - refugees, asylees, and other immigrants exempt on humanitarian grounds^f - LPRs with 40 qualifying quarters - veteran, active-duty military, spouse, child - receiving disability-related assistance - certain Hmong or Laotian tribe members, spouse, child - certain American Indians born abroad 	Eligible, if <ul style="list-style-type: none"> - refugees, asylees, and other immigrants exempt on humanitarian grounds^f - veteran, active-duty military, spouse, or child 	Eligible, if <ul style="list-style-type: none"> - refugees, asylees, and other immigrants exempt on humanitarian grounds^f - veteran, active-duty military, spouse, or child - receiving federal foster care 	Eligible, if <ul style="list-style-type: none"> - refugees, asylees, and other immigrants exempt on humanitarian grounds^f - veteran, active-duty military, spouse, or child
Post-enactment qualified immigrants after five-year ban^{a,c}	Eligible	Eligible ^h	Eligible ^h	Eligible
Nonqualified immigrants^d	Eligible, if <ul style="list-style-type: none"> - certain Hmong or Laotian tribe members, spouse, child; or - certain American Indians born abroad. Otherwise, ineligible	Ineligible	Eligible, if: <ul style="list-style-type: none"> - were receiving SSI on August 22, 1996 (in states that link Medicaid to SSI); or - certain American Indians born abroad. Otherwise, ineligible	Ineligible

Sources: Broder and Blazer (2010); CMS, “Re: Medicaid and CHIP Coverage of ‘Lawfully Residing’ Children and Pregnant Women,” SHO # 10-006, CHIPRA #17, Center for Medicaid, CHIP, and Survey and Certification, July 1, 2010,

<https://www.cms.gov/smdl/downloads/SHO10006.pdf>; National Immigration Law Center (2010b); Rowe, Murphy, and Mon (2010).

- a. Qualified immigrants include LPRs, refugees and asylees, persons paroled into the United States for at least one year, persons granted withholding of deportation or removal, battered spouses and children, Cuban and Haitian entrants, and victims of severe human trafficking.
- b. Pre-enactment immigrants entered the United States before August 22, 1996.
- c. Post-enactment immigrants entered the United States on or after August 22, 1996.
- d. Nonqualified immigrants are foreign-born persons who do not fall under the qualified immigrant groups, including immigrants formerly considered permanently residing under color of law (PRUCOLs), persons with temporary protected status, asylum applicants, other lawfully present immigrants (such as students and tourists), and unauthorized immigrants.
- e. Qualified immigrant children under the age of 18 are eligible for SNAP.
- f. Immigrants exempt on humanitarian grounds include refugees and asylees, individuals granted withholding of deportation or removal, Cuban and Haitian entrants, Amerasians, victims of severe human trafficking, and, since 2007, Iraqi and Afghan immigrants in special statuses.
- g. The TANF eligibility provisions are for cash assistance only.
- h. Outside the five-year ban, states are required to cover certain groups of qualified immigrants under TANF and Medicaid: refugees and asylees, LPRs with credit for 40 qualifying quarters of work, members of the military and veterans (and their spouses and children), and those receiving SSI (for Medicaid only). States can determine eligibility for all other qualified immigrants.
- i. Since 2009, states can elect to cover lawfully residing children under the age of 21 and/or pregnant women for 60 days postpartum under Medicaid or CHIP, regardless of their date of entry in the United States. Lawfully present immigrants as defined by CMS include LPRs, refugees and asylees, and other foreign-born persons who are permitted to remain in the United States either temporarily or indefinitely but are not LPRs. Applicants must also meet the Medicaid state residency requirement (CMS, “Re: Medicaid and CHIP Coverage of ‘Lawfully Residing’ Children and Pregnant Women”).

Federal Programs and State Provisions

After PRWORA, states could decide whether to provide substitute benefits with state-only funding to immigrants who lost benefits as a result of welfare reform. Since 2009, states can also decide whether to provide Medicaid and/or CHIP benefits to lawfully present children and pregnant women with federal funding. The major options for states include whether to provide²³

- state-only-funded substitute SNAP benefits to qualified immigrants ineligible for federal benefits;
- state-only-funded substitute TANF and Medicaid benefits to nonexempt qualified immigrants during the five-year ban;
- state-only-funded benefits to nonqualified immigrants; and
- federal/state-funded Medicaid and/or CHIP benefits to lawfully present immigrant children and pregnant women as authorized by CHIPRA.

SNAP

Currently, state-only-funded programs that provide food assistance to immigrants not eligible for federally funded SNAP exist in California, Connecticut, Maine, Minnesota, Nebraska, Washington, and Wisconsin. Not all seven states cover all qualified immigrants. For example, coverage in Minnesota is limited to lawfully residing immigrants who receive TANF or are 50 years or older (NILC 2007).²⁴

TANF

As of July 2009, most states and the District of Columbia provide TANF cash assistance to all qualified immigrants not subject to the five-year ban.²⁵ Coverage in a small number of states is limited to qualified immigrants that states are required to cover by federal law: refugees, asylees, and other immigrants exempt on humanitarian grounds during the first five years in qualified status; LPRs with 40 qualifying quarters of work; and members of the military and veterans (and their spouses and children). For example, Mississippi and North Dakota do not cover other post-enactment immigrants after the five-year ban, while Idaho and Texas cover battered spouses and children (details on immigrant eligibility provisions in each state are provided in appendix table 1; see also Rowe et al. 2010).

Table 2 summarizes the states that provide state-only funded cash assistance to nonexempt qualified immigrants during the five-year ban (refugees, asylees, and other immigrants exempt on humanitarian grounds, and members of the military and veterans and their spouses and children are exempt). Almost half of states (22 states) provide state-only-funded cash assistance to some or all qualified immigrants.²⁶ States can count these expenditures toward their federal MOE requirements

²³ The state eligibility provisions are a summary based on recent publicly available information. They alone should not be used for assessing the policy options available to a state under federal law.

²⁴ Email communication from Tanya Broder, NILC, March 11, 2011.

²⁵ The state rules discussed here are limited to TANF cash assistance.

²⁶ NILC also lists Tennessee (under the Family First program) and Vermont (under the Reach Up program) as providing state-funded cash assistance to qualified immigrants during the five-year ban (NILC 2008). Alaska, Colorado, and North Dakota provide state-funded cash assistance to certain American Indians born in Canada who can be regarded as qualified immigrants for purposes of eligibility. These states do not provide assistance to other qualified immigrants.

under TANF. The groups of immigrants eligible for state-funded cash assistance vary across states; as of July 2009, 16 states covered all nonexempt qualified immigrants, while six states covered some qualified immigrants, such as battered spouses and children (Rowe et al. 2010).

Table 2 also shows that five states have state-only-funded assistance for some nonqualified immigrants. California and Hawaii provide assistance to most nonqualified lawfully present immigrants; Minnesota to persons in temporary protected status; New York to those paroled with less than one year of U.S. tenure and PRUCOLs; and Washington to PRUCOLs (Rowe et al. 2010).

Table 2. State-Only-Funded Cash Assistance to Immigrants by State

State	Nonexempt qualified immigrants during five-year ban ^a	Nonqualified immigrants ^b
Alabama		
Alaska		
Arizona	✓	
Arkansas		
California	✓	✓
Colorado		
Connecticut	✓	
Delaware		
District of Columbia		
Florida		
Georgia	✓	
Hawaii	✓	✓
Idaho		
Illinois	✓	
Indiana		
Iowa	✓	
Kansas		
Kentucky		
Louisiana		
Maine	✓	
Maryland	✓	
Massachusetts		
Michigan		
Minnesota	✓	✓
Mississippi		
Missouri		
Montana		
Nebraska	✓	
Nevada	✓	
New Hampshire		
New Jersey	✓	
New Mexico	✓	
New York	✓	✓
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon	✓	
Pennsylvania	✓	
Rhode Island	✓	
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah	✓	
Vermont		
Virginia		
Washington	✓	✓
West Virginia		
Wisconsin	✓	
Wyoming	✓	
Total number of states	22	5

Source: Rowe et al. (2010).

Notes: Data are as of July 2009. Information on state rules is limited to cash assistance only. The Welfare Rules Database includes information on state benefits provided under separate state programs or state-only-funded programs, but only

when the benefits are considered part of the same basic program by the state. Thus, the eligibility rules might not include all state-only-funded programs.

a. Qualified immigrants include LPRs, refugees and asylees, persons paroled into the United States for at least one year, persons granted withholding of deportation or removal, battered spouses and children, Cuban and Haitian entrants, and victims of severe human trafficking.

b. Nonqualified immigrants are foreign-born persons who do not fall under the qualified immigrant groups, including immigrants formerly considered permanently residing under color of law (PRUCOLs), persons with temporary protected status, asylum applicants, other lawfully present immigrants (such as students and tourists), and unauthorized immigrants.

Child-Only Cases

Under the child-only rule, states can provide TANF assistance to eligible children even if the parents are ineligible—for example, U.S.-citizen children with nonqualified immigrant parents or qualified immigrant parents during the five-year ban. In these cases, the child is the TANF beneficiary, while the other family members are excluded from benefits. Thus, state eligibility rules for immigrants may affect whether U.S.-citizen children of immigrants receive assistance as a child-only case (if the parent is not eligible in the state) or as a regular TANF household (if the parent is eligible). However, no comprehensive summary is currently available that describes state provisions as they relate to child-only cases (Golden and Hawkins 2011).

Noncash Assistance

The discussion so far has focused on TANF cash assistance only. The eligibility rules for some types of noncash assistance under TANF are somewhat different. For example, states can provide noncash assistance to all immigrants if the benefits are necessary for the protection of life or safety, such as soup kitchens, crisis counseling and intervention, and short-term shelter. Another important difference in the eligibility requirements for cash versus noncash assistance is that noncash benefits are not subject to sponsor-income deeming requirements as is the case with cash assistance under TANF.²⁷

Medicaid and CHIP

All states provide Medicaid and CHIP benefits to pre-enactment qualified immigrants and post-enactment qualified immigrants after the five-year ban. A small number of states provide Medicaid benefits to only those qualified immigrants that states are required to cover by law: refugees, asylees, and other immigrants exempt on humanitarian grounds; LPRs with credit for 40 qualifying quarters of work; and military members and veterans (and their spouses and children). This is the

²⁷ Under sponsor deeming, the income and resources of a sponsor (e.g., family member) who signed a legally enforceable affidavit of support on behalf of the immigrant may be deemed available to the immigrant when determining his or her eligibility for federal means-tested public benefits. The sponsor is financially responsible for the immigrant until he or she naturalizes or meets the requirement of 40 qualifying quarters of work (Fix and Passel 2002; Zimmermann and Tumlin 1999; U.S. Department of Health and Human Services, “Temporary Assistance for Needy Families Program Instruction,” No. TANF-ACF-PI-2003-03, <http://www.acf.hhs.gov/programs/ofa/policy/pi-ofa/2003/pi2003-3.htm>).

case in Alabama, Mississippi, North Dakota, Ohio, Texas, and Virginia for post-enactment immigrants and in Wyoming for pre-enactment and post-enactment immigrants (NILC 2010c).²⁸

While PRWORA restricted coverage for some lawfully present immigrants, states can elect to use three options to expand coverage for their immigrant populations using joint federal/state funding or state-only funding.

Table 3 summarizes the state provisions for Medicaid and CHIP for immigrants that may be ineligible for federal funding under PRWORA. The first two columns show coverage to lawfully residing children and pregnant women under the option introduced by CHIPRA. CHIPRA allows states to provide Medicaid and CHIP to immigrant children and pregnant women who are lawfully present and meet the Medicaid state residency requirement.²⁹ Under CHIPRA, states can receive federal funding to cover lawfully residing children up to age 21 in Medicaid or children up to age 19 in CHIP and/or pregnant women for 60 days postpartum, including during the five-year ban (NILC 2010a).³⁰ States can provide medical assistance to lawfully residing immigrants, which is a larger group than qualified immigrants as defined in PRWORA. In addition, sponsor deeming and liability rules do not apply when determining eligibility and providing benefits to these women and children. States choosing this option can provide coverage to children only, to pregnant women only, or to both, and can do so through Medicaid only or through both Medicaid and CHIP (NILC 2010a).³¹

As of March 2011, 22 states and the District of Columbia have chosen this option. Most states cover both children and pregnant women. Iowa, Montana, Oregon, Rhode Island, and Virginia cover only children, while Colorado provides coverage to pregnant women only. A few additional states have pending state plan amendments to provide medical coverage to children and/or pregnant women: Pennsylvania and Illinois through Medicaid, and Delaware, Illinois, Maine, Massachusetts, Montana, and Nebraska through CHIP.

States have another option to provide coverage to pregnant women. Specifically, states can provide prenatal care to immigrant women under the CHIP unborn child option using federal CHIP matching funds for this coverage (Kaiser Commission on Medicaid and the Uninsured 2009).³² The immigration status of the pregnant woman is not taken into consideration for determining eligibility in these circumstances. As of July 2010, 14 states are providing prenatal care, labor, and postpartum care to immigrant women under this option. Six states, including Massachusetts and Minnesota, have chosen

²⁸ Texas and Virginia are among the states that have selected the CHIPRA option (see discussion below). In Wyoming, battered spouses and children and persons paroled into the United States for at least one year are eligible for Medicaid and/or CHIP regardless of U.S. tenure.

²⁹ For the definition of lawfully present immigrants, see figure 1 on page vi. Applicants must also meet the Medicaid state residency requirement (CMS, “Re: Medicaid and CHIP Coverage of ‘Lawfully Residing’ Children and Pregnant Women” ; NILC 2010a).

³⁰ See also CMS, “Re: Medicaid and CHIP Coverage of ‘Lawfully Residing’ Children and Pregnant Women.”

³¹ A state may only elect coverage in its separate CHIP program if the state has also elected to cover the same population in its Medicaid program. See also CMS, “Re: Medicaid and CHIP Coverage of ‘Lawfully Residing’ Children and Pregnant Women.”

³² See also Jackie Garner, letter to state health officials re. new section 2112 to the Social Security Act, SHO # 09-006, CHIPRA #2, Center for Medicaid and State Operations, May 11, 2009, <https://www.cms.gov/SMDL/downloads/SHO051109.pdf>.

both the CHIPRA option for lawfully present immigrant women and the CHIP option for nonqualified immigrants.

Coverage for immigrants during the five-year ban in most states is limited to only children and pregnant women under the CHIPRA option, but 14 states and the District of Columbia also have a state-only-funded program and provide health coverage to immigrants other than children and pregnant women. State-only-funded health coverage is limited based on age, immigration status, disability, and other criteria. For example, Washington provides medical assistance to qualified immigrants who are seniors and persons with disabilities and receive state-only-funded cash assistance.

Sixteen states and the District of Columbia also provide some health coverage to select groups of nonqualified immigrants using state-only funding. Coverage varies and, in many instances, is limited depending on age, immigrant status, and disability status.

Table 3. Medicaid and CHIP Assistance and State-Only Health Coverage to Immigrants by State

State	Federal Options			State-Only Health Coverage	
	Lawfully residing children ^a	Lawfully residing pregnant women ^b	Pregnant women under the CHIP unborn child option ^c	Qualified immigrants during five-year ban ^d	Nonqualified immigrants ^e
Alabama					
Alaska ^f				✓	✓
Arizona					
Arkansas			✓		
California ^g	✓	✓	✓	✓	✓
Colorado		✓			
Connecticut	✓	✓			
Delaware ^h	✓	✓		✓	✓
District of Columbia ⁱ	✓	✓		✓	✓
Florida ^j					✓
Georgia					
Hawaii ^k	✓	✓		✓	✓
Idaho					
Illinois ^l			✓	✓	✓
Indiana					
Iowa	✓				
Kansas					
Kentucky					
Louisiana			✓		
Maine ^m	✓	✓			
Maryland	✓	✓			
Massachusetts ⁿ	✓	✓	✓	✓	✓
Michigan			✓		
Minnesota ^o	✓	✓	✓	✓	✓
Mississippi					
Missouri					
Montana ^p	✓				
Nebraska ^q	✓	✓		✓	
Nevada					
New Hampshire					
New Jersey ^r	✓	✓		✓	✓
New Mexico ^s	✓	✓		✓	✓
New York ^t	✓	✓		✓	✓
North Carolina	✓	✓			
North Dakota					
Ohio ^u					✓
Oklahoma			✓		
Oregon	✓		✓		
Pennsylvania ^v				✓	✓
Rhode Island ^w	✓		✓		✓
South Carolina					
South Dakota					
Tennessee			✓		
Texas	✓	✓	✓		
Utah					
Vermont					
Virginia ^x	✓			✓	✓
Washington ^y	✓	✓	✓	✓	✓
West Virginia					
Wisconsin	✓	✓	✓		
Wyoming					
Total number of states	22	18	14	15	17

Sources: Data provided to the Urban Institute by the Centers for Medicare and Medicaid Services in December 2010 and supplemented in March 2011; NILC (2010b, 2010c).

- a. State provides assistance to lawfully present children with federal/state funding under Medicaid and/or CHIP. Data provided to the Urban Institute by the Centers for Medicare and Medicaid Services in December 2010 and supplemented in March 2011.
- b. State provides assistance to lawfully present pregnant women with federal/state funding under Medicaid. Data provided to the Urban Institute by the Centers for Medicare and Medicaid Services in December 2010 and supplemented in March 2011.
- c. State covers pregnant women regardless of their immigration status under the CHIP unborn child option. Data provided to the Urban Institute by the Centers for Medicare and Medicaid Services in January 2011.
- d. Qualified immigrants include LPRs, refugees and asylees, persons paroled into the United States for at least one year, persons granted withholding of deportation or removal, battered spouses and children, Cuban and Haitian entrants, and victims of severe human trafficking. Data are as of July 2010.
- e. Nonqualified immigrants are foreign-born persons who do not fall under the qualified immigrant groups, including immigrants formerly considered permanently residing under color of law (PRUCOLs), persons with temporary protected status, asylum applicants, other lawfully present immigrants (such as students and tourists), and unauthorized immigrants. Data are as of July 2010.
- f. Alaska provides state-only health coverage to qualified immigrants and PRUCOLs for certain medical conditions.
- g. California provides state-only health coverage to breast and cervical cancer patients regardless of immigrant status.
- h. Delaware provides state-only health coverage to lawfully present immigrants. The state provides coverage to children and pregnant women under CHIPRA through Medicaid and has a pending state plan amendment to also provide coverage through CHIP.
- i. The District of Columbia provides state-only health coverage to children regardless of immigration status under the Immigrant Children's Program and to certain adults regardless of immigration status under DC Health Care Alliance.
- j. Florida provides medical assistance to children regardless of immigration status in select counties using local funding.
- k. Hawaii provides state-only health coverage to qualified immigrants and PRUCOLs.
- l. Illinois provides state-only health coverage to children regardless of immigrant status under the All Kids program and to certain immigrants in protected statuses. The state has a pending state plan amendment to provide coverage to children and/or pregnant women under CHIPRA.
- m. Maine provides coverage to children and pregnant women under CHIPRA through Medicaid and has a pending state plan amendment to also provide coverage through CHIP.
- n. Massachusetts provides state-only health coverage to certain seniors and persons with disabilities that are qualified immigrants and PRUCOLs. The state provides coverage to children and pregnant women under CHIPRA through Medicaid and has a pending state plan amendment to also provide coverage through CHIP.
- o. Minnesota provides state-only health coverage to lawfully present immigrants and victims of torture.
- p. Montana provides coverage to children under CHIPRA through Medicaid and has a pending state plan amendment to also provide coverage through CHIP.
- q. Nebraska provides state-only health coverage to qualified immigrants. The state provides coverage to children and pregnant women under CHIPRA through Medicaid and has a pending state plan amendment to also provide coverage through CHIP.
- r. New Jersey provides state-only health coverage to children regardless of immigration status, certain LPRs with life-threatening illnesses, and pregnant women regardless of immigration status.
- s. New Mexico provides state-only health coverage to battered spouses and children, and certain PRUCOLs.
- t. New York provides state-only health coverage to children regardless of immigrant status under Child Health Plus and pregnant women regardless of immigration status.
- u. Ohio provides state-only health coverage to lawfully present pre-enactment immigrants.
- v. Pennsylvania provides state-only health coverage to lawfully present immigrants eligible for state-funded TANF. The state has a pending state plan amendment to provide coverage to children and/or pregnant women under CHIPRA.
- w. Rhode Island provides state-only health coverage to lawfully present pre-enactment immigrants.
- x. Virginia provides state-only health coverage to qualified immigrants and PRUCOLs in long-term care.
- y. Washington provides state-only health coverage to children regardless of immigrant status under the Children's Healthcare Program, and to certain seniors and persons with disabilities that are qualified immigrants or PRUCOLs.

State Provisions

Table 4 summarizes which states provide TANF, SNAP, and Medicaid/CHIP assistance and state-only-funded coverage to immigrants subject to state choices: federal/state-funded medical assistance to lawfully present children and pregnant women under CHIPRA and to pregnant women under the CHIP unborn child option; and state-only-funded food, cash, and health coverage to nonexempt qualified immigrants during the five-year ban. California, Minnesota, and Washington are the only states that provide all five types of assistance. A number of states (Connecticut, Hawaii, Illinois, Maine, Massachusetts, Nebraska, New Jersey, New Mexico, New York, Oregon, Rhode Island, and Wisconsin) provide three or four of the five types of assistance.

County and Local Coverage for Immigrants

In some states, counties are using state and local funding to extend medical care and cash assistance to immigrants that might not be eligible under the federal and state rules. For example, in 29 California counties, under the Children's Health Initiative, state and local funding is used to provide health coverage to children ineligible for Medicaid and/or CHIP, regardless of their immigration status (Hill and Benatar 2009; Hill et al. 2006; Klein, Howell, and Hill 2009).³³ In Florida, select counties use local funding to provide health coverage to children regardless of immigration status (NILC 2010b).

³³ State funding for the Children's Health Initiative is from state revenue gathered through a tax on tobacco products, which is distributed across counties proportionally based on birth rates (Hill et al. 2006).

Table 4. Summary of State Medicaid and CHIP Provisions and State-Only Coverage for Immigrants by State

State	Federal Medicaid and CHIP Options		State-Only Coverage		
	Lawfully residing children and/or pregnant women ^a	Pregnant women under the CHIP unborn child option ^b	Food assistance ^c	Cash assistance ^d	Health coverage ^e
Alabama					
Alaska					✓
Arizona				✓	
Arkansas		✓			
California	✓	✓	✓	✓	✓
Colorado	✓				
Connecticut	✓		✓	✓	
Delaware	✓				✓
District of Columbia	✓				✓
Florida					
Georgia				✓	
Hawaii	✓			✓	✓
Idaho					
Illinois		✓		✓	✓
Indiana					
Iowa	✓			✓	
Kansas					
Kentucky					
Louisiana		✓			
Maine	✓		✓	✓	
Maryland	✓			✓	
Massachusetts	✓	✓			✓
Michigan		✓			
Minnesota	✓	✓	✓	✓	✓
Mississippi					
Missouri					
Montana	✓				
Nebraska	✓		✓	✓	✓
Nevada				✓	
New Hampshire					
New Jersey	✓			✓	✓
New Mexico	✓			✓	✓
New York	✓			✓	✓
North Carolina	✓				
North Dakota					
Ohio					
Oklahoma		✓			
Oregon	✓	✓		✓	
Pennsylvania				✓	✓
Rhode Island	✓	✓		✓	
South Carolina					
South Dakota					
Tennessee		✓			
Texas	✓	✓			
Utah				✓	
Vermont					
Virginia	✓				✓
Washington	✓	✓	✓	✓	✓
West Virginia					
Wisconsin	✓	✓	✓	✓	
Wyoming				✓	
Total number of states	23	14	7	22	15

Sources: Data provided to the Urban Institute by the Centers for Medicare and Medicaid Services as of March 2011; email communication from Tanya Broder, NILC, March 11, 2011; NILC (2007, 2010b); Rowe et al. (2010).

- a. State provides assistance to lawfully present children and/or pregnant women with federal/state funding under Medicaid and/or CHIP. Data provided to the Urban Institute by the Centers for Medicare and Medicaid Services in December 2010 and supplemented in March 2011.
- b. State covers pregnant women regardless of their immigration status under the CHIP unborn child option. Data provided to the Urban Institute by the Centers for Medicare and Medicaid Services in January 2011.
- c. State provides state-only-funded food assistance to some or all qualified immigrants during the five-year ban. Data are as of March 2011 (email communication from Tanya Broder, NILC, March 11, 2011; NILC 2007).
- d. State provides state-only-funded cash assistance to some or all qualified immigrants during the five-year ban. Data are as of July 2009 (Rowe et al. 2010).
- e. State provides state-only-funded health coverage to some or all qualified immigrants during the five-year ban. Data are as of July 2010 (NILC 2010b).

Immigration Enforcement and Policies

This paper also highlights select immigration-related enforcement activities as part of the broad policy context that shapes immigrant access to health and human services (Chaudry, et al. 2010).³⁴ State and local activities reviewed here fall under three categories: local law enforcement, workplace verification, and state omnibus legislation.

The federal government has developed programs that use the state criminal justice system to involve state and local authorities in immigration enforcement and that encourage states to participate in these programs. In particular, two joint federal/state programs are in wide and growing use. The Section 287(g) program shifts immigration enforcement authority to state or local authorities while the Secure Communities program runs the fingerprints of arrestees against immigration databases at the time of an arrest (including arrests for traffic offenses) to determine their immigration status.

The Section 287(g) program—so called because a new section 287(g) was added to the Immigration and Nationality Act in 1996—authorizes the federal government to delegate enforcement authority to state, county, and local law enforcement agencies. State and local agencies are authorized to enforce federal immigration laws per agreements signed with U.S. Immigration and Customs Enforcement (ICE). Local law enforcement agencies can screen inmates at local jails and state prisons for immigration status, and arrest and detain individuals for immigration violations pursuant to these agreements (Rodriguez et al. 2010). As of October 2010, 72 state or local law enforcement agencies in 25 states had signed 287(g) agreements with ICE, and several states had multiple law enforcement authorities within the state with active programs, as shown in the first column of table 5.³⁵

States have also passed laws that criminalize behavior (e.g., hiring unauthorized immigrant workers) and make it more likely that immigration status will be checked by local law enforcement. While these federal and state enforcement initiatives are usually intended to affect unauthorized immigrants, they may also be discouraging lawfully present immigrants from applying for or using public services because of fear and perceived risk that applying for or receiving benefits may have negative immigration consequences on some members of the family, including arrest and deportation. Lawfully present immigrants may be discouraged from using means-tested benefits for which they may be eligible, or other services, such as emergency medical care.

Workplace verification strategies focus on employers to prevent them from hiring unauthorized immigrant workers. The Employment Eligibility Verification System (E-Verify) is a voluntary program operated by U.S. Citizenship and Immigration Services in partnership with the Social Security Administration that allows employers to determine the employment eligibility of new hires.³⁶ The program is voluntary, but a number of states, 11 through legislation and 3 through executive orders,

³⁴ The information on enforcement activities is meant as illustrative and does not describe comprehensively the various activities that states have undertaken.

³⁵ ICE, “Fact Sheet: Delegation of Immigration Authority Section 287(g) Immigration and Nationality Act,” <http://www.ice.gov/news/library/factsheets/287g.htm#signed-moa>. The 287(g) agreement in Massachusetts has been put on hold pending negotiations.

³⁶ E-Verify is an online program that provides an automated link to federal databases that employers can use to determine the validity of Social Security numbers of new hires and their employment eligibility.

have made it mandatory for all or some businesses (e.g., state agencies and contractors), as shown in the second column of table 5.³⁷

In addition, Arizona, Georgia, Missouri, Nebraska, Oklahoma, South Carolina, and Utah have passed omnibus immigration bills in recent years that cover multiple policy areas related to immigration (Hegen 2008, 2009; National Conference of State Legislatures 2009).³⁸ For example, in 2007, Oklahoma passed a comprehensive immigration bill that addresses state public benefits, education, employment, law enforcement, criminal justice, and identification issues (Koralek, Pedroza, and Capps 2009).

More recently, Arizona enacted two comprehensive laws in 2010 that focused on law enforcement, criminal justice, and employment. It became the first state to enact measures that penalize unlawful presence in the state by defining unlawful presence as trespassing. The legislation included far-reaching provisions, such as state penalties for trespassing, harboring, and transporting unauthorized immigrants, and employer sanctions for hiring unlawfully present immigrants (Johnston and Morse 2010).³⁹ After legal challenges, including one by the U.S. Department of Justice, a federal judge issued a preliminary injunction that blocked the law's most controversial provisions just before the law was to take effect. As of February 2011, the outcome of the legal challenges is uncertain. Illinois, Michigan, Minnesota, South Carolina, Pennsylvania, and Rhode Island introduced bills similar to some parts of Arizona's legislation in 2010, but none were enacted (Johnston and Morse 2010).⁴⁰

³⁷ National Conference of State Legislatures, "E-Verify: Frequently Asked Questions," <http://www.ncsl.org/default.aspx?tabid=13127>, updated January 18, 2011; email communication from Tanya Broder, NILC, March 14, 2011.

³⁸ See also National Conference of State Legislatures, "Arizona's Immigration Enforcement Laws," <http://www.ncsl.org/default.aspx?tabid=20263>, revised November 10, 2010.

³⁹ See also National Conference of State Legislatures, "Arizona's Immigration Enforcement Laws."

⁴⁰ See also Bob Egelko, "Court Signals Backing for Arizona Immigration Law," *San Francisco Chronicle*, November 2, 2010, <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2010/11/01/MNDP1G54K0.DTL>.

Table 5. Section 287(g), Mandatory E-Verify, and Omnibus Laws by State

State	287(g) ^a	E-Verify ^b	Omnibus laws ^c
Alabama	✓		
Alaska			
Arizona	✓	✓	✓
Arkansas	✓		
California	✓		
Colorado	✓	✓	
Connecticut	✓		
Delaware	✓		
District of Columbia			
Florida	✓	✓	
Georgia	✓	✓	✓
Hawaii			
Idaho		✓	
Illinois ^d			
Indiana			
Iowa			
Kansas			
Kentucky			
Louisiana			
Maine			
Maryland	✓		
Massachusetts ^e	✓		
Michigan			
Minnesota	✓	✓	
Mississippi		✓	
Missouri	✓	✓	✓
Montana			
Nebraska		✓	✓
Nevada	✓		
New Hampshire			
New Jersey	✓		
New Mexico	✓		
New York			
North Carolina	✓	✓	
North Dakota			
Ohio	✓		
Oklahoma	✓	✓	✓
Oregon			
Pennsylvania			
Rhode Island	✓		
South Carolina	✓	✓	✓
South Dakota			
Tennessee	✓		
Texas	✓		
Utah	✓	✓	✓
Vermont			
Virginia	✓	✓	
Washington			
West Virginia			
Wisconsin			
Wyoming			
Total number of states	25	14	7

Sources: Hegen (2008, 2009); National Conference of State Legislatures (2009); National Conference of State Legislatures, "E-Verify: Frequently Asked Questions," <http://www.ncsl.org/default.aspx?tabid=13127>, revised January 18, 2011; U.S.

Immigration and Customs Enforcement, “Fact Sheet: Delegation of Immigration Authority Section 287(g) Immigration and Nationality Act,” <http://www.ice.gov/news/library/factsheets/287g.htm>.

- a. State, county, or local agency has a 287(g) program, including 287-task force model and/or 287-jail model. Data are as of October 2010.
- b. State has mandatory E-Verify. Data are as of January 2011.
- c. State passed an omnibus law during 2006–2010.
- d. Illinois passed a law that bars state companies from enrolling in E-Verify until accuracy and timeliness issues are resolved. The state also passed a law that prohibits the state or localities from requiring employers to use E-Verify.
- e. The 287(g) agreement in Massachusetts has been put on hold pending negotiations (U.S. Immigration and Customs Enforcement, “Fact Sheet”).

Data Sources

This summary highlights the complexity of immigrant eligibility rules and the importance of up-to-date and accessible data sources. Figure 3 summarizes the existing sources of information on eligibility provisions for TANF, SNAP, Medicaid, and CHIP. In addition to summary information compiled by the National Immigration Law Center, sources include the Welfare Rules Database, data compiled by the Centers for Medicare and Medicaid Services (CMS), and the TRIM3 microsimulation model.

Welfare Rules Database

The state eligibility rules under TANF described here are based on the Welfare Rules Database (WRD), a publicly available longitudinal database developed by the Urban Institute. The WRD provides information on key state policies regarding TANF and Aid to Families with Dependent Children (AFDC, the precursor program to TANF), based on state caseworker manuals and/or regulations. The database contains information on federally provided cash assistance policies and transitional benefits, but it does not track noncash benefits. The database includes some information on state benefits provided under separate state programs or state-only-funded programs, but only when the benefits are considered part of the same basic program by the state. Thus, the eligibility rules in the WRD are limited to cash assistance and might not capture all state-only-funded programs.⁴¹

Centers for Medicare and Medicaid Services

CMS compiles data on the states that have CHIPRA state plan amendments to provide coverage to lawfully present children and/or pregnant women and on the states that provide coverage to pregnant women regardless of immigration status under the CHIP unborn child option. CMS, however, does not collect information on state-only funding for immigrants ineligible for Medicaid or CHIP.

Transfer Income Model, Version 3

The Transfer Income Model (TRIM3) is a microsimulation model that is maintained and developed by the Urban Institute under contract with the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. TRIM3 simulates the individual, family, state, and national effects of major governmental tax, transfer, and health programs.⁴² The primary input data for TRIM3 come from the Current Population Survey, Annual Social and Economic Supplement (CPS-ASEC). TRIM3 is used to correct for the underreporting of benefits in the survey data and to create other variables, such as eligibility indicators, unavailable in the survey data.⁴³ TRIM3 simulates eligibility and benefits for TANF; SNAP; Medicaid/CHIP; SSI; the Special Supplemental Nutrition Program for Women, Infants, and Children; and others.

⁴¹ To the best of the authors' knowledge, there is no comprehensive source of information on state eligibility rules for state-only-funded programs.

⁴² For additional information on TRIM3, see <http://trim3.urban.org/T3Technical.php>.

⁴³ The historical library of national and state program rules used for the simulations extends back to 1975 for some programs.

In addition to survey-reported data on nativity and citizenship status, TRIM3’s database includes imputed data on legal immigrant status for the foreign-born population. The imputation methodology uses survey information on country of origin and year of immigration, and administrative data from the U.S. Department of Homeland Security on LPRs, LTRs, refugees, and asylees, by year of entry and country of origin. The methodology was developed at the Urban Institute by Jeffrey Passel and Rebecca Clark, and is summarized in Passel and Cohn (2009). Currently, legal immigrant status estimates are available for most CPS-ASEC files between 1995 and 2008 (calendar years 1994–2007).

TRIM3’s library of program eligibility rules contains key policies on immigrants’ eligibility, including key aspects of state variation. The model can be used to estimate national and state eligibility for immigrants under the various federal public benefits programs. Immigrant status imputations allow for analyses of access to benefits across immigrant statuses. For example, the Urban Institute has previously used TRIM3 to estimate TANF eligibility and participation rates of various immigrants by legal status (e.g., LPRs, refugees) for 1995 and 1997 (Clark et al. 2001).

Figure 3. Existing Sources of Information

<p>National Immigration Law Center</p> <ul style="list-style-type: none"> • Summary of eligibility provisions for SNAP, TANF, Medicaid, and CHIP by state • Advantages: <ul style="list-style-type: none"> ○ Up to date ○ Information on all federal means-tested programs ○ Publicly available, online • Limitations: <ul style="list-style-type: none"> ○ Information may not be as comprehensive as other sources focused on individual programs <p>Welfare Rules Database</p> <ul style="list-style-type: none"> • Detailed information on state rules for cash assistance under TANF • Eligibility rules for different immigrant categories, including pre-enactment qualified immigrants and nonqualified immigrants • Advantages: <ul style="list-style-type: none"> ○ Longitudinal and updated regularly ○ Publicly available, online • Limitations: <ul style="list-style-type: none"> ○ Some familiarity with eligibility provisions needed ○ Time lag of 1–2 years ○ Limited to TANF cash assistance and transitional benefits ○ Does not include all state-only-funded programs <p>Centers for Medicare and Medicaid Services</p> <ul style="list-style-type: none"> • Information on CHIPRA 214 State Plan Amendments providing coverage to lawfully present children and pregnant women • Information on CHIP unborn child option • Advantages: <ul style="list-style-type: none"> ○ Up-to-date data ○ Publicly available • Limitations: <ul style="list-style-type: none"> ○ CMS does not track state-only-funded programs
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TRIM3

- Information on eligibility rules for SNAP since 1979, AFDC/TANF since 1975, and Medicaid/CHIP since 1984
- Imputation of immigrant status for individuals in U.S. Census data (Current Population Survey)
- Advantages:
 - Longitudinal and updated regularly
 - Simulations of eligibility and participation for persons by citizenship and immigrant status
- Limitations:
 - Portions of data are restricted-use, analytical platform not available to the public
 - Time lag of 2–3 years

Discussion

This review has illustrated the extraordinary complexity of the eligibility rules and law enforcement initiatives that affect immigrant access to benefits. However, even this level of complexity is not the final word. The implementation of health reform legislation is changing the landscape further, and understanding these changes is key to understanding the circumstances of immigrants and immigrant families. Later research briefs in this study will address this new factor in more detail, but the following summarizes some key health reform issues and additional considerations that can affect immigrant access to health and human services.

Federal Health Care Reform Legislation

The Affordable Care Act (ACA) is projected to expand insurance coverage to millions of previously uninsured people through a combination of policy changes to be implemented in January 2014, including an expansion of the minimum income requirements under Medicaid to 133 percent of FPL, the provision of new subsidies for coverage targeted at those with incomes between 133 and 400 percent of FPL, the creation of state-level health insurance exchanges, and mandates on health insurance coverage (Kaiser Family Foundation 2010a). But the same Medicaid eligibility restrictions will apply to immigrants after the expansion as apply today. Nonqualified immigrants remain ineligible for Medicaid and/or CHIP (except for the states that elect to cover lawfully residing children and pregnant women under CHIPRA and emergency medical services), and the five-year ban remains for most qualified immigrants except for the CHIPRA option to cover those who are lawfully residing. Lawfully present immigrants will be eligible to receive subsidies and purchase insurance coverage in the state exchanges; unauthorized immigrants will not be eligible to purchase coverage in the states exchanges even without a subsidy (Kaiser Family Foundation 2010b).

Barriers to Immigrant Access to Health and Human Services

Earlier studies that examined the impact of PRWORA shed some light on the role of eligibility restrictions in immigrants' access to public services. Legal immigrants' use of TANF, SNAP, SSI, and Medicaid declined dramatically after welfare reform (Capps et al. 2002; Fix et al. 2009; Henderson, Capps, and Finegold 2008). This occurred both among those that became ineligible and those that remained eligible for the benefits. In particular, PRWORA appeared to have had a negative effect on the benefit receipt of citizen children in mixed-status families where one or both of the parents are not citizens (Henderson et al. 2008). Citizen children of immigrant parents, who remained eligible for benefits, were significantly less likely to use benefits than citizen children with native-born parents.

Even before the 1996 welfare reform, low-income legal immigrant families used TANF and SNAP less than native-born low-income families (Capps et al. 2009). Participation in TANF and SNAP by legal immigrants declined after PRWORA. Further, as of 2004, the rates of TANF and SNAP use by legal immigrants remained significantly below the rates for native families.

Restrictions based on eligibility rules alone may not fully explain immigrants' different degree of access to health and human services since, as indicated above, immigrants face additional access barriers. These include family composition (such as citizen children living with foreign-born parents), lack of knowledge about the programs, confusion about eligibility requirements, fear of adverse immigration consequences (such as deportation of a family member who is an unauthorized immigrant), immigration enforcement activities, or concerns that benefits receipt would limit the

ability to sponsor a relative or naturalize (Fix and Passel 2002; Hagan et al. 2003; Holcomb et al. 2003; Shields and Behrman 2004; Zimmermann and Tumlin 1999).

Language and literacy barriers can also affect access to public benefits for immigrants (Feld and Power 2000; Kenney et al. 2010; Ku and Waidmann 2003; Perry et al. 2000). In 2008, children without an English-speaking parent in the home were less likely to participate in Medicaid and/or CHIP than children with at least one English-speaking parent (Kenney et al. 2010).

Additional documented barriers to TANF participation by immigrants include such enrollment barriers as lack of English language skills, lower education levels, and less work experience (Holcomb et al. 2003; Moore and Selkove 1999; Ng 1999; Tumlin and Zimmermann 2003). Program characteristics, such as documentation and verification requirements, administrative reporting requirements (e.g., monthly income reporting), and, in some cases, aspects of how TANF work requirements are implemented can also limit immigrant access (Holcomb et al. 2003; Moore and Selkove 1999). In particular, work requirements and states implementing a strong work-first norm in their TANF programs may unintentionally pose additional challenges for immigrants, who may need work training and English language programs to improve their employment outcomes (Moore and Selkove 1999).

Similarly, studies have consistently shown lower participation in SNAP for immigrants versus native-born families (Henderson et al. 2008). Despite an increase in immigrants' use of SNAP following the 2002 Farm Bill restoration, low-income native families are still roughly twice as likely as low-income immigrant families to receive food stamps (Capps and Fortuny 2006; Chilton 2007; Cunyngnam 2004). In addition, SNAP participation among low-income families differs by the citizenship status of family members: families with LPRs are less likely to participate than families composed of citizens only, while families with at least one unauthorized immigrant are least likely to participate (Henderson et al. 2008). Also, because household benefit allotments are calculated based on the number of eligible household members, the amount that immigrant families receive in food stamps tends to be lower than that received by citizen families (Capps et al. 2002).

Medicaid use declined after welfare reform, as did use of other benefits (Capps et al. 2002; Fomby and Cherlin 2004; Kandula et al. 2004). While there is some evidence that the immigrant versus native participation gap narrowed somewhat after clarification by the Immigration and Naturalization Services in 1999 that use of Medicaid and CHIP is not considered as a basis for public charge determinations (Capps et al. 2002), new information suggests that some immigrant parents continue to forgo Medicaid/CHIP insurance for their citizen children because of their own legal status or misguided fears that they will be deemed a public charge (Perreira and Ornelas 2011). Data from the 2008 American Community Survey appear to confirm this: U.S.-citizen children with immigrant parents are less likely to participate in Medicaid and/or CHIP than children with citizen parents (Kenney et al. 2010).

In addition, citizenship documentation requirements for all programs, but particularly Medicaid, have presented a major access barrier. Since 2006, states have been required to obtain original documents proving citizenship and identity for all Medicaid (and since 2009, CHIP) applicants who declare they are citizens. This has resulted in denied or delayed coverage for many eligible U.S. citizens who might not have the required documents, such as a U.S. passport or a birth certificate (Ross 2010). A key provision in CHIPRA, however, might have eased this documentation burden. Since 2010, states can

conduct data matches with the Social Security Administration to verify U.S. citizenship. A large number of states have implemented or intend to implement this option. By 2014, all states may adopt the data-matching process for Medicaid and CHIP as it would be required under the state health insurance exchanges (Ross 2010; Ross et al. 2009).

This study aims to provide a current and thorough policy understanding of immigrant families' and children's access to health and human services. The summary of information about the overall policy landscape affecting immigrants' eligibility for and access to health and human services paints a complex and evolving picture. While federal rules set the parameters, state choices on eligibility rules, implementation, and immigration enforcement add to state and local complexity and variability.

The study further aims to identify and describe the major barriers to immigrant families' access to health and human services, such as program eligibility provisions, family composition (e.g., citizen children with foreign-born parents), immigration enforcement, verification system issues, and perceptions of immigrants or communities about the possible negative consequences of using public benefits; and to identify innovative or promising practices, program designs, or other strategies that facilitate and improve immigrant families' access to health and human services.

This paper provides a starting point for better understanding immigrant access to health and human services. Later phases of the project will hone in on specific key issues, through site visits that explore the interaction of policy and practice in purposively selected sites around the country.

Appendix Table 1. TANF Cash Assistance Benefits by State

State	Pre-enactment qualified immigrants ^{a,b}	Post-enactment nonexempt qualified immigrants during five-year ban ^{a,c,d}	Post-enactment qualified immigrants after five-year ban ^{a,c}	Nonqualified immigrants ^{d,e}
Alabama	All ^f except battered spouses and children	None	LPRs	None
Alaska	All ^f	Certain American Indians	All ^f	None
Arizona	All ^f	Persons paroled into the United States for at least one year	All ^f	None
Arkansas	All ^f except battered spouses and children	None	LPRs	None
California	All ^f	All ^B	All ^f	Some
Colorado	All ^f	Certain American Indians	All ^f	None
Connecticut	All ^f	All ^B	All ^f	None
Delaware	All ^f	Battered spouses and children	All ^f	None
District of Columbia	All ^f	None	All ^f	None
Florida	All ^f	None	All ^f	None
Georgia	All ^f	All ^B	All ^f	None
Hawaii	All ^f	All ^B	All ^f	Some
Idaho	All ^f	None	Battered spouses and children	None
Illinois	All ^f	Certain American Indians and battered spouses and children	All ^f	None
Indiana	All ^f except battered spouses and children	None	Refugees and asylees and persons granted a withholding of deportation	None
Iowa	All ^f	Battered spouses and children	All ^f	None
Kansas	All ^f	None	Refugees and asylees and persons granted a withholding of deportation	None
Kentucky	All ^f	None	All ^f	None
Louisiana	All ^f	None	All ^f	None
Maine	All ^f except battered spouses and children	All ^B	All ^f	None
Maryland	All ^f	All ^B	All ^f	None
Massachusetts	All ^f	None	All ^f	None
Michigan	All ^f	None	LPRs, refugees and asylees, persons paroled into the United States for at least one year, and battered spouses and children	None
Minnesota	All ^f	Certain LPRs ^h	All ^f	Some
Mississippi	Refugees and asylees, and persons granted a withholding of deportation	None	None	None
Missouri	All ^f	None	All ^f	None
Montana	All ^f	None	All ^f	None
Nebraska	All ^f	All ^B	All ^f	None
Nevada	LPRs, persons paroled into the United States for at least one year, and battered spouses and children	Battered spouses and children	LPRs, persons paroled into the United States for at least one year, and battered spouses and children	None
New Hampshire	All ^f	None	All ^f	None
New Jersey	All ^f	Battered spouses and children	All ^f	None
New Mexico	All ^f	All ^B	All ^f	None

New York	All ^f	All ^b	All ^f	Some
North Carolina	All ^f	None	All ^f	None
North Dakota	All ^f except battered spouses and children	Certain American Indians	None	None
Ohio	All ^f	None	All ^f	None
Oklahoma	All ^f	None	All ^f	None
Oregon	All ^f	All ^b	All ^f	None
Pennsylvania	All ^f	All ^b	All ^f	None
Rhode Island	All ^f	All ^b	All ^f	None
South Carolina	All ^f	None	All ^f	None
South Dakota	LPRs	None	All ^f	None
Tennessee	All ^f except battered spouses and children	None	All ^f except battered spouses and children	None
Texas	All ^f	None	Battered spouses and children	None
Utah	All ^f	All ^b	All ^f	None
Vermont	All ^f	None	All ^f	None
Virginia	All ^f	None	All ^f	None
Washington	All ^f	All ^b	All ^f	Some
West Virginia	All ^f except battered spouses and children	None	All ^f except battered spouses and children	None
Wisconsin	All ^f	All ^b	All ^f	None
Wyoming	All ^f	All ^b	All ^f	None

Source: Rowe, Murphy, and Mon (2010).

Notes: Data are as of July 2009. Information on state rules is limited to cash assistance only.

- a. Qualified immigrants include LPRs, refugees and asylees, persons paroled into the United States for at least one year, persons granted withholding of deportation or removal, battered spouses and children, Cuban and Haitian entrants, and victims of severe human trafficking.
- b. Pre-enactment immigrants entered the United States before August 22, 1996.
- c. Post-enactment immigrants entered the United States on or after August 22, 1996.
- d. Cash assistance is provided with state-only funding.
- e. Nonqualified immigrants are foreign-born persons who do not fall under the qualified immigrant groups, including immigrants formerly considered permanently residing under color of law (PRUCOLs), persons with temporary protected status, asylum applicants, other lawfully present immigrants (such as students and tourists), and unauthorized immigrants.
- f. All immigrants include LPRs, refugees and asylees after five years in qualified status, persons paroled into the United States for at least one year, persons granted withholding of deportation, and battered spouses and children. Immigrants that states are required to cover—refugees, asylees, and other immigrants exempt on humanitarian grounds (during the first five years in qualified immigrant status), LPRs with 40 qualifying quarters of work and members of the military and veterans (and their spouses and children)—are not reflected in the table.
- g. All immigrants include LPRs, persons paroled into the United States for at least one year, and battered spouses and children. Immigrants exempt from the five-year ban—refugees, asylees, other immigrants exempt on humanitarian grounds, and members of the military and veterans (and their spouses and children)—are not reflected in the table.
- h. Minnesota provides cash assistance with state-only funding to LPRs age 18 to 70 who have been in the state for four years and are participating in literacy or citizenship classes.

References

- Allegretto, Sylvia. 2005. "Basic Family Budgets: Working Families' Incomes Often Fail to Meet Living Expenses Around the U.S." Washington, DC: Economic Policy Institute.
- Borjas, G. J. 2002. "Food Insecurity and Public Assistance." *Journal of Public Economics* 88(7/8): 1421–43.
- Broder, Tanya. 2005. "Immigrant Eligibility for Public Benefits." In *Immigration and Nationality Law Handbook 2005–06*, edited by Gregory P. Adams (759–86). Washington, DC: American Immigration Lawyers Association. http://www.nilc.org/immspbs/special/imm_elig_for_pub_bens_aila_0305.pdf.
- Broder, Tanya, and Jonathan Blazer. 2010. "Overview of Immigrant Eligibility for Federal Programs." Washington, DC: National Immigration Law Center. <http://www.nilc.org/immspbs/special/overview-immeligfedprograms-2010-07.pdf>.
- Capps, Randy, and Karina Fortuny. 2006. "Immigration and Child and Family Policy." Washington, DC: The Urban Institute.
- . 2008. "The Integration of Immigrants and Their Families in Maryland: The Contributions of Immigrant Workers to the Economy." Washington, DC: The Urban Institute.
- Capps, Randy, Karina Fortuny, Michael Fix. 2007. "Trends in the Low-Wage Immigrant Labor Force, 2000–2005." Washington, DC: The Urban Institute.
- Capps, Randy, Michael Fix, and Everett Henderson. 2009. "Trends in Immigrants' Use of Public Assistance after Welfare Reform." In *Immigrants and Welfare: The Impact of Welfare Reform on America's Newcomers*, edited by Michael Fix (93–122). New York: Russell Sage Foundation.
- Capps, Randy, Michael Fix, Jason Ost, Jane Reardon-Anderson, and Jeffrey S. Passel. 2004. *The Health and Well-Being of Young Children of Immigrants*. Washington, DC: The Urban Institute.
- Capps, Randy, Leighton Ku, Michael E. Fix, Chris Furgiuele, Jeffrey S. Passel, Rajeev Ramchand, Scott McNiven, Dan Perez-Lopez, et al. 2002. "How Are Immigrants Faring after Welfare Reform? Preliminary Evidence from Los Angeles and New York City." Washington, DC: The Urban Institute. <http://www.urban.org/url.cfm?ID=410426>.
- Chaudry, Ajay, Randy Capps, Juan Manuel Pedroza, Rosa Maria Castaneda, Robert Santos, and Molly M. Scott. 2010. "Facing Our Future: Children in the Aftermath of Immigration Enforcement." Washington, DC: The Urban Institute. http://www.urban.org/UploadedPDF/412020_FacingOurFuture_final.pdf
- Chilton, Mariana. 2007. "Well-Being of Citizen Children of Immigrants In Relation to Food Stamps and WIC, 1998–2005." Harris School Working Paper Series 07.10. Chicago, IL: University of Chicago. http://harrisschool.uchicago.edu/about/publications/working-papers/pdf/wp_07_10.pdf

- Clark, Rebecca, Linda Giannarelli, Sandi Nelson, Jeffrey Passel, and Laura Wheaton. 2001. "TRIM3 Estimates of Immigrant Participation in Public Assistance Programs: 1995 and 1997, Draft Final Report." Washington, DC: The Urban Institute.
- Cunningham, Karen. 2004. "Trends in Food Stamp Program Participation Rates: 1999 to 2002." Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.
- Feld, Peter, and Britt Power. 2000. "Immigrants' Access to Healthcare after Welfare Reform: Findings from Focus Groups in Four Cities." Washington, DC: Kaiser Commission on Medicaid and the Uninsured.
- Fix, Michael E., and Jeffrey S. Passel. 2002. "The Scope and Impact of Welfare Reform's Immigrant Provisions." *Assessing the New Federalism* Discussion Paper 02-03. Washington, DC: The Urban Institute.
- Fix, Michael E., Randy Capps, and Neeraj Kaushal. 2009. "Immigrants and Welfare: Overview." In *Immigrants and Welfare: The Impact of Welfare Reform on America's Newcomers*, edited by Michael E. Fix (1–36). New York: Russell Sage Foundation.
- Fix, Michael, Wendy Zimmermann, and Jeffrey S. Passel. 2001. "The Integration of Immigrant Families in the United States." Immigration Studies research report. Washington, DC: The Urban Institute.
- Fomby, Paula, and Andrew J. Cherlin. 2004. "Public Assistance Use among U.S.-Born Children of Immigrants." *International Migration Review* 38(2): 584–610.
- Friedberg, Rachel, and David Jaeger. 2009. "The Economic Diversity of Immigration across the United States." Centre for Research and Analysis of Migration (CReAM) discussion paper. London: Department of Economics, University College London.
- Golden, Olivia, and Amelia Hawkins. 2011. "TANF Child-Only Cases: A Synthesis of Available Research." Washington, DC: The Urban Institute.
- Hagan, Jacqueline, Nestor Rodriguez, Randy Capps, and Nika Kabiri. 2003. "The Effects of Recent Welfare and Immigration Reforms on Immigrants' Access to Health Care." *International Migration Review* 37(2): 444–64.
- Hegen, Dirk. 2008. "2007 Enacted State Legislation Related to Immigrants and Immigration." Washington, DC: National Conference of State Legislatures.
<http://www.ncsl.org/Portals/1/documents/immig/2007Immigrationfinal.pdf>.
- . 2009. "State Laws Related to Immigrants and Immigration in 2008." Washington, DC: National Conference of State Legislatures.
<http://www.ncsl.org/Portals/1/documents/immig/StateImmigReportFinal2008.pdf>.
- Henderson, Everett, Randy Capps, and Kenneth Finegold. 2008. "Impact of 2002-03 Farm Bill Restorations on Food Stamp Use by Legal Immigrants." Washington, DC: Economic Research Service, U.S. Department of Agriculture.

- Hernandez, Donald J. 2004. "Demographic Change and the Life Circumstances of Immigrant Families." *The Future of Children* 14(2): 17–48.
- Hill, Ian, and Sarah Benatar. 2009. "What Are the Implications of Losing Healthy Kids?" Washington, DC: The Urban Institute. <http://www.urban.org/url.cfm?ID=412164>.
- Hill, Ian, Lisa Dubay, Genevieve M. Kenney, Embry M. Howell, Brigitte Courtot, and Louise Palmer. 2008. "Improving Coverage and Access for Immigrant Latino Children: The Los Angeles Healthy Kids Program." *Health Affairs* 27(2): 550–59.
- Holcomb, Pamela A., Karen Tumlin, Robin Koralek, Randy Capps, and Anita Zuberi. 2003. "The Application Process for TANF, Food Stamps, Medicaid and SCHIP: Issues for Agencies and Applicants, Including Immigrants and Limited English Speakers." Washington, DC: The Urban Institute. <http://www.urban.org/url.cfm?ID=410640>.
- Johnston, Gillian, and Ann Morse. 2010. "2010 Immigration-Related Laws and Resolutions in the States." Washington, DC: National Conference of State Legislatures. <http://www.ncsl.org/documents/immig/2010ImmigrationReport.pdf>.
- Kaiser Commission on Medicaid and the Uninsured. 2009. "New Option for States to Provide Federally Funded Medicaid and CHIP Coverage to Additional Immigrant Children and Pregnant Women." Washington, DC: Kaiser Family Foundation. <http://www.kff.org/medicaid/upload/7933.pdf>.
- Kaiser Family Foundation. 2010a. "Summary of Coverage Provisions in the Patient Protection and Affordable Care Act." Menlo Park, CA, and Washington, DC: Kaiser Family Foundation. <http://www.kff.org/healthreform/upload/8023-R.pdf>.
- . 2010b. "Summary of New Health Reform Law." Menlo Park, CA, and Washington, DC: Kaiser Family Foundation. <http://www.kff.org/healthreform/upload/8061.pdf>.
- Kandula, Namratha R., Colleen M. Grogan, Paul J. Rathouz, and Diane S. Lauderdale. 2004. "The Unintended Impact of Welfare Reform on the Medicaid Enrollment of Eligible Immigrants." *Health Services Research* 39(5): 1509–26.
- Kenney, Genevieve M., Victoria Lynch, Allison Cook, and Samantha Phong. 2010. "Who and Where Are the Children Yet to Enroll in Medicaid and the Children's Health Insurance Program?" *Health Affairs* 29(10): 1920–29.
- Klein, Ariel, Embry Howell, and Ian Hill. 2009. "An Updated Analysis of Utilization in the Los Angeles Healthy Kids Program." Washington, DC: The Urban Institute. <http://www.urban.org/url.cfm?ID=412120>.
- Koralek, Robin, Juan Pedroza, and Randy Capps. 2009. *Untangling the Oklahoma Taxpayer and Citizen Protection Act: Consequences for Children and Families*. Washington, DC: National Council of La Raza.

- Ku, Leighton, and Timothy Waidmann. 2003. "How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage, Access to Care and Quality of Care Among the Low-Income Population." Washington, DC: Kaiser Commission on Medicaid and the Uninsured.
- Moore, Thomas, and Vicky Selkove. 1999. "The Impact of Welfare Reform on Wisconsin's Hmong Aid Recipients." Milwaukee: The Institute for Wisconsin's Future.
- National Conference of State Legislatures. 2009. "2009 State Laws Related to Immigrants and Immigration." Washington, DC: National Conference of State Legislatures. <http://www.ncsl.org/documents/immig/2009ImmigLaws.pdf>.
- National Immigration Law Center (NILC). 2007. "State-Funded Food Assistance Programs." In *Guide to Immigrant Eligibility for Federal Programs*, 4th ed., revised July 2007. Los Angeles: NILC. http://www.nilc.org/pubs/guideupdates/tbl12_statefood_2007-07.pdf.
- . 2008. "State-Funded TANF Replacement Programs." In *Guide to Immigrant Eligibility for Federal Programs*, 4th ed., revised October 2008. Los Angeles: NILC. http://www.nilc.org/pubs/guideupdates/tbl8_state-tanf_2004-03_2008-10.pdf.
- . 2010a. "Facts about Federal Funding for States to Provide Health Coverage to Immigrant Children and Pregnant Women." Los Angeles: NILC. <http://www.nilc.org/immspbs/cdev/ICHIA/ICHIA-facts-2010-08-06.pdf>.
- . 2010b. "Medical Assistance Programs for Immigrants in Various States." Oakland, CA: NILC. <http://www.nilc.org/pubs/guideupdates/med-services-for-imms-in-states-2010-07-28.pdf>.
- . 2010c. "Overview of Immigrant Eligibility for Federal Programs." In *Guide to Immigrant Eligibility for Federal Programs*, 4th ed., revised October 2010. Los Angeles: NILC. http://www.nilc.org/pubs/guideupdates/tbl1_ovrvw-fed-pgms-rev-2010-10-07.pdf.
- Ng, Doris. 1999. *From War on Poverty to War on Welfare: The Impact of Welfare Reform on the Lives of Immigrant Women*. San Francisco, CA: Equal Rights Advocates.
- Passel, Jeffrey, and D'Vera Cohn. 2010. "U.S. Unauthorized Immigration Flows Are Down Sharply Since Mid-Decade." Washington, DC: Pew Hispanic Center. <http://pewhispanic.org/reports/report.php?ReportID=126>.
- Perreira, Krista M., and India J. Ornelas. 2011. "The Physical and Psychological Well-Being of Immigrant Children." *The Future of Children* 21(1): 195–218.
- Perry, Michael, Susan Kannel, R. Burciaga Valdez, and Christina Chang. 2000. *Medicaid and Children: Overcoming Barriers to Enrollment. Findings from a National Survey*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured.
- Rodriguez, Cristina, Muzaffar Chishti, Randy Capps, and Laura St. John. 2010. "A Program in Flux: New Priorities and Implementation Challenges for 287(g)." Washington, DC: Migration Policy Institute. <http://www.migrationpolicy.org/pubs/287g-March2010.pdf>.

- Ross, Donna Cohen. 2010. "New Citizenship Documentation Option for Medicaid and CHIP Is Up and Running: Data Matches with Social Security Administration Are Easing Burden on Families and States." Washington, DC: Center on Budget and Policy Priorities.
- Ross, Donna Cohen, Marian Jarlenski, Samantha Artiga, and Caryn Marks. 2009. "A Foundation for Health Reform: Findings of a 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP for Children and Parents during 2009." Washington, DC: Kaiser Family Foundation.
- Rowe, Gretchen, Mary Murphy, and Ei Yin Mon. 2010. "Welfare Rules Databook: State TANF Policies as of July 2009." Washington, DC: The Urban Institute.
- Shields, Margie K., and Richard E. Behrman. 2004. "Children of Immigrant Families: Analysis and Recommendations." *The Future of Children* 14(2): 4–15.
- Tumlin, Karen C., and Wendy Zimmermann. 2003. *Immigrants and TANF: A Look at Immigrant Welfare Recipients in Three Cities. Assessing the New Federalism* Occasional Paper 69. Washington, DC: The Urban Institute. Wider Opportunities for Women. 2007. "Self-Sufficiency: An Alternative to the Poverty Line." Washington, DC: Wider Opportunities for Women.
- Zimmerman, Wendy, and Karen C. Tumlin. 1999. *Patchwork Policies: State Assistance for Immigrants under Welfare Reform. Assessing the New Federalism* Occasional Paper 24. Washington, DC: The Urban Institute.
- Zedlewski, Sheila, Ajay Chaudry, and Margaret Simms. 2008. "A New Safety Net for Low-Income Families." Washington, DC: The Urban Institute.