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Jessica Pabst*

ABSTRACT. Welfare use by immigrants has been a political issue since the inception of the United States. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was intended to cut immigrant welfare use. Since 1996, various studies have found conflicting evidence of the 1996 welfare reform's effectiveness when comparing immigrant welfare use to native use. This paper analyzes the individual use of Medicaid, a proxy for welfare, in 2014, by immigrants versus natives in the United States. The study, using a logit model, shows that in 2014 the probability of participating in Medicaid was lower for immigrants than natives.

The land flourished because it was fed from so many sources–because it was nourished by so many cultures and traditions and peoples.

- Lyndon B. Johnson

You cannot simultaneously have free immigration and a welfare state.

- Milton Friedman

I. Introduction

Is America really the land of opportunity? The majority of immigrants come to America in search of a better life and job opportunities. The question is if the United States is able to provide these opportunities or if immigrants need other sources of income such as welfare to survive. Immigrant welfare use is a political issue because of the perceived disparities in welfare use between immigrants and natives. Politicians have attempted to mitigate the controversy surrounding immigrant welfare use through reform. This study uses a logit model to look at Medicaid participation, a proxy for welfare, by immigrants versus natives in the United States during 2014. The study shows that in 2014, the probability of participation in Medicaid was lower for immigrants than natives.

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II. Essential Background

Although immigrants founded the United States of America, there has been controversy surrounding immigration since its inception. Restrictions on immigrants have been in place since colonial times to minimize the cost of potential public charges (Borjas 2002, 2). Policies extending from colonial times all fall under the public charge doctrine. The public charge doctrine is the principle that a country should prevent non-refugee immigrants from entering a country if they are likely to become financially reliant on the government (Camarota 2015, 25). The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was major welfare reform intended to curb welfare use by immigrants in the United States and deter the immigration of people who will be public charges. The three provisions in the act related to immigrants were:

1. Non-citizens in the country before August 22, 1996 were removed from Supplemental Security Income (SSI) and food stamps within the year.
2. Non-citizens who entered the United States after August 22, 1996 were ineligible for most types of public assistance until they became a US citizen.
3. When applying for public assistance, immigrants' sponsor's income and assets were deemed to be part of immigrants' income for up to ten years after the immigrant moved to the United States. (Borjas 2002, 7)

Refugees and asylees are excluded from the above requirements and are eligible for federal welfare programs. On the other hand, legal immigrants (who have been issued a green card) are ineligible for welfare until five years after entering the country (Camarota 2015, 25). These restrictions were some of the most controversial provisions of the 1996 welfare reform. In 1997, Congress restored the right to provide Supplemental Security Income to a majority of the immigrants who arrived before August 1996. In 1998, Congress reinstated the power to provide food stamps for children and elderly immigrants who were in the US before August 1996. The support for the reenactment of programs such as food stamps for all legal immigrants has been bipartisan. For example, President Bush's 2003 budget proposed the restoration of food stamp

benefits for all legal immigrants (Fremstad 2002, 1). The bipartisan support and the subsequent changes to portions of the 1996 welfare reform did little to revive federal welfare benefits for most legal immigrants.

After the 1996 welfare reform, states were left with the decision to create new programs for the now ineligible immigrants. Less than half of the states chose to enact welfare programs such as Temporary Assistance to Needy Families (TANF), various cash assistance, and food stamps for immigrants. These state-funded programs were available to a limited group of immigrants. Approximately one-third of legal, noncitizen immigrants' cash assistance and food stamp benefits were fully restored by the states after federal welfare reform (Fremstad 2002, 5). Since a majority of legal immigrants have remained ineligible for welfare benefits, the 1996 welfare reform seems to be effective. The small portion of immigrants who are eligible for welfare programs are a reason why immigrant welfare use remains a contested issue among politicians and academics.

III. Literature Review

Borjas and Hilton (1995) measured the use of welfare by immigrant households in means-tested programs before the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This study used panel data from 1984, 1985, 1990 and 1991 from the Survey of Income and Programs Participation. The survey collects monthly data by interviewing individuals every four months. In the early 1990s, the authors found 20.7% of immigrant households participated in some type of welfare assistance, whereas 14.1% of native households participated. The gap between immigrant and native households was 6.6 percentage points (Borjas & Hilton 1995, 2). The programs included in the study were cash benefits, Medicaid, food stamps and housing subsidies. When limiting welfare-use to cash benefit programs, Borjas and Hilton found the gap to be much smaller with a difference of 3.5 percentage points (Borjas & Hilton 1995, 6). The study examined welfare use before the 1996 welfare reform, which can be compared to use after the reform.

Borjas (2002) found there to be a significant drop in the immigrant welfare participation rate after the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. He attributed this drop solely to California, which saw a decrease of welfare use by non-citizens of 4.8

percentage points more than that of citizen households. When California was excluded, there was no significant difference between non-citizen and citizen households (Borjas 2002, 3). Borjas attributed the drop in welfare use to California's social pressures and removed it when measuring the effects of welfare reform on the rest of the country. The social pressures in California pertaining to immigrant welfare use were related to the passage of Proposition 187, a 1994 ballot initiative. Proposition 187 established a state-run citizenship screening program and prohibited illegal immigrants from receiving non-emergency healthcare, public education, and other social services (Wikipedia: The Free Encyclopedia 2016).   Borjas's removal of Californian immigrants disregarded roughly 30.9% of US immigrants in the 1990s (Camarota 2001, 5). Borjas's study was also limited by classifying groups into non-citizens and citizens, while in his previous study he separated the groups into immigrants and natives. Camarota's 2015 study used a similar technique to Borjas but included California.

Camarota's 2015 study for the Center for Immigration Studies also examined immigrant versus native welfare use. Camarota used the Survey of Income and Program Participation 2008 panel data set. Camarota found that when looking at broad categories of programs, welfare use by immigrants was higher for all programs except housing assistance or Temporary Assistance for Needy Families (Camarota 2015, 5). He also found that if native and immigrant households did participate in welfare programs, they used the same average number of programs. Native and immigrant households participating in welfare also spent similar amounts of time on a program (Camarota 2015, 7). Camarota's study found that welfare use is higher for immigrants even after the 1996 eligibility restrictions, but Fix and Passel (2002) found the opposite.

Fix and Passel (2002) found that non-citizens' welfare use declined by more percentage points than citizens' use following the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Decreases in immigrant welfare use were not due to the law but rather the "chilling effect" the new reform had on attitudes towards immigrants. The chilling effect was attributed to the icy policy climate during the time. In 1996, two other laws were passed that pertained to immigrants: The Illegal Immigration Reform and Responsibility Act of 1996 and the Antiterrorism and Effective Death Penalty Act of 1996. The Illegal Immigration Reform and Responsibility Act of 1996 imposed the following policies on immigrants:

1. Illegal immigrants convicted of minor misdemeanors became eligible for deportation, which previously hadn't been the case.
2. If someone lived illegally in the U.S. for more than 365 days, he or she would be banned from returning to the country for 10 years.
3. If someone lived illegally in the U.S. for 365 days or less, he or she would be prohibited from returning for three years.
4. Any deported person would be permanently prohibited from entering the U.S. if he or she returned before the end of the period for which he or she was banned. (Hrenchir 2015)

The Antiterrorism and Effective Death Penalty Act of 1996 was enacted in response to the 1993 World Trade Center Bombing and the 1995 Oklahoma City bombing. The law required all appeal claims by a person to be put into one appeal, limiting successive petitions, which effectively restricted habeas corpus. Appeals could only succeed if convictions were "contrary to 'clearly established federal law' or an 'unreasonable determination of the facts in light of the evidence'" (Cornell University Law School). Although the law was not explicitly related to immigrants, it fed into the country's climate towards foreigners. According to Fix and Passel (2002), the "chilling effect" in 1996 on attitudes caused immigrants to lower their welfare use despite being eligible (13). They also found that immigrant use of Temporary Assistance to Needy Families, Supplemental Security Income, and food stamps was lower than natives. The use of Medicaid between immigrants and natives was the same (Fix & Passel 2002, 17). Watson (2010) proceeded to study Medicaid use in immigrants in relation to various policy incentives.

Watson (2010) examined the use of Medicaid in legal children of non-citizen immigrants. Watson created 25 clusters of the 33 Immigration and Naturalization Services districts and compared the use of welfare among immigrants between the clusters. Immigration enforcement was measured as "the number of deportable aliens located divided by the estimated number of non-citizens in 1995" (Watson 2010, 8). Watson (2010) found that heightened federal immigration enforcement lowered Medicaid participation of eligible children of non-citizens (28). Therefore, the decline in use of welfare programs such as Medicaid may not be attributed directly to policies intended to curb use but rather to seemingly unrelated policies (Watson 2010, 29).

Clearly there is conflicting evidence on welfare use by immigrants versus natives in the United States. The 1996 welfare reform was an

attempt to reduce immigrant use of public assistance. Studies after the reform have not yet created clear consensus of its effectiveness. My model will attempt to clarify these differences.

IV. Model

The data for this study were collected from the Integrated Public Use Microdata Series. The Integrated Public Use Microdata Series collects and distributes samples of the American population from fifteen federal censuses and the American Community Surveys from 2000. Only data from the 2014 survey was used in this study. A total of 2,469,680 observations were used in my analysis.

Past studies have focused on household welfare use because many welfare programs, such as housing subsidies or food stamps, are based on the household in which an individual lives. Instead, I studied Medicaid use of an individual, which is a proxy for welfare use. I focused on Medicaid use because 13.5% of my observations participated in Medicaid whereas only 1.5% received welfare income, which included Supplemental Security Income, Aid to Families with Dependent Children, and general assistance. Aid to Families with Dependent Children was eliminated in 1996 with the passage of the Personal Responsibility and Work Opportunity Reconciliation Act, so the welfare income variable from my dataset only included Supplemental Security Income and cash assistance for 2014. I believed that the higher percentage of participation in Medicaid increased the accuracy of my model in comparing welfare use of immigrants versus natives. By measuring welfare use through Medicaid participation of individual adults, my study focuses on individuals who are capable of earning an income. Individual welfare use omits native children or immigrants' spouses who are included in an immigrant's household welfare use. Household welfare use is determined if any one person in a household participates in a welfare program. In some cases, this means children that receive free school lunches. In this study, an immigrant is defined as a person born outside of the United States, including non-citizens and naturalized citizens.

I based the final model in my study on the existing literature as well as labor economics principles. In determining my final model, I ran a series of logit regressions using different socioeconomic variables as independent variables and Medicaid use (MEDICAID) as the dependent variable.

The following logit model was used for my study:

$$P(MEDICAID) = \frac{1}{1 + e^{-MEDICAID}}$$

Where $MEDICAID = \beta_0 + \beta_1 IMM + \beta_2 MALE + \beta_3 MARR$
$+ \beta_4 ENGLANG + \beta_5 LABOR + \beta_6 OWNHOME + \beta_7 BLACK$
$+ \beta_8 AMEIND + \beta_9 ASIAN + \beta_{10} OTHER + \beta_{11} AGE + \beta_{12} AGESQD$
$+ \beta_{13} FAMSIZE + \beta_{14} MULTGENS + \beta_{15} NCHLT5 + \beta_{16} HIGRAD$
$+ \beta_{17} ASSOCIATES + \beta_{18} BACHELORS + \beta_{19} MASTERS$
$+ \beta_{20} NEWEG + \beta_{21} MIDATL + \beta_{22} ENCENTRAL$
$+ \beta_{23} WNCENTRAL + \beta_{24} SOUATL + \beta_{25} ESCENTRAL$
$+ \beta_{26} WSCENTRAL + \beta_{27} MOUNT + \varepsilon$

*ε is a random error term

A. VARIABLES & DATA

For the logit regression I ran, I used MEDICAID as the dependent variable. MEDICAID is a dummy variable equal to 1 if an individual has participated in Medicaid within the past 12 months and 0 otherwise. Medicaid participation was 16.20% and 13.02% for immigrants and natives, respectively.

In my study, I eliminated all people under the age of 18 years old. I eliminated children to focus on the issue if immigrants are moving to the United States to take advantage of its various social assistance programs rather than to work and earn an income sufficient to survive. The independent variables related to age are AGE and AGESQD. AGE is an individual's age in years. AGESQD is an individual's age squared. The expected sign for AGE is positive because as a person ages, his need for income will gradually rise. The expected sign for AGESQD is negative because the positive effect of AGE decreases as AGE increases. This approach is standard in the literature.

The variables related to family demographics are: FAMSIZE, MULTGENS, NCHLT5, and MARR. FAMSIZE measures the number of people in an individual's family. The expected sign of FAMSIZE is positive. MULTGENS is a dummy variable indicating a 1 if three or more generations live in an individual's household and 0 otherwise. The

expected sign is positive. NCHLT5 measures the number of children under 5 years old that live in an individual's house, and its expected sign is positive The expected signs for FAMSIZE, MULTGENS, and NCHLT5 are positive because the more members in an individual's family, the higher the division of income and thus an increased likelihood of a need for welfare. MARR is a dummy variable equal to 1 if the individual is married and the spouse lives in the same house and 0 otherwise. The expected signed is negative because the added income in a person's house should decrease the need for welfare.

To account for an individual's immigration status I used the dummy variable IMM. IMM takes on a value of 1 if the individual is an immigrant and 0 if not. The expected coefficient is uncertain based on the literature. I did not consider illegal immigrants in my study since illegal immigrants are ineligible to receive welfare in the United States. If illegal immigrants receive welfare, it is through an illegally obtained Social Security number, which would be unfeasible to determine.

In the United States, a useful skill for working is the ability to speak English. To control for this, the dummy variable ENGLANG was created. If the individual reported that he speaks and reads English, ENGLANG equals 1 and is 0 otherwise. The expected sign is negative because speaking English is an important skill for the labor force. The higher probability of labor force participation in more skilled jobs should lead to a smaller need for welfare.

To indicate if a person is in the labor force, the dummy variable LABOR was used. LABOR takes on a value of 1 if the individual is participating in the labor force and 0 otherwise. The expected sign of this variable is negative. Participation in the labor force results in a higher income and less need for welfare.

Educational attainment is included as a series of dummy variables. These variables are HIGRAD, ASSOCIATES, BACHELORS, and MASTERS. HIGRAD is a dummy variable equal to 1 if an individual only graduated from high school and 0 otherwise. ASSOCIATES is a dummy variable equal to 1 if an individual went to college for one to two years and 0 otherwise. If an individual received a Bachelor's degree, the dummy variable BACHELORS equals 1 and is 0 otherwise. The dummy variable MASTERS equals 1 if an individual has his Master's degree and 0 otherwise. The expected sign of these variables is negative because of the increase in income associated with higher educational attainment in comparison to no high school diploma.

Race is included as a series of dummy variables. These variables are WHITE, BLACK, AMEIND, ASIAN, and OTHER. WHITE includes people of Caucasian and Hispanic descent. BLACK equals 1 if a person reported his race as black and is 0 otherwise. The value of AMEIND is 1 if an individual is of American Indian or Alaskan native descent and 0 otherwise. ASIAN includes anyone of Chinese, Japanese, Pacific Islander, or other Asian descent. OTHER equals 1 if the individual's race is classified as other, mixed of two major races, or mixed of three or more major races or 0 otherwise. WHITE is the omitted variable in my model.

Homeownership (OWNHOME) is another indicator of the need for welfare assistance because it is a large asset. Large assets are a proxy for wealth. OWNHOME is a dummy variable that equals 1 if the individual owns his home and 0 otherwise. The expected sign is negative because homeownership generally indicates an individual has higher income levels.

The region of the country an individual lives in is also an important indicator of welfare use. Borjas's 2002 study stated that immigrants living in California contributed to the country's decrease in immigrant welfare use. To see if this was true, a series of dummy variables was created. The dummy variables pertain to the various United States Census regions (in the Appendix). These variables were all compared to the dummy variable PACIFIC that includes California, Oregon, Washington, Alaska, and Hawaii. The expected sign of the region variables is negative according to Borjas's 2002 study.

On the following page are a summary of my variables.

B. DESCRIPTIVE STATISTICS

Dummy Variables

Variable	Expected Sign	Frequency	Percent
USCITIZEN	-	2,310,533	93.56%
IMM	?	374,721	15.17%
MARR	-	1,267,037	51.30%
MULTGENS	+	166,668	6.75%
ENGLANG	-	236,388	95.90%
LABOR	-	1,506,326	60.99%
NOHIGRAD		264,698	10.72%
HIGRAD	-	928,135	37.58%
ASSOCIATES	-	581,195	23.53%
BACHELORS	-	431,023	17.45%
MASTERS	-	264,629	10.72%
WHITE		1,930,631	78.17%
BLACK	+	256,690	10.39%
ASIAN	-	127,309	5.15%
OTHER	+	130,010	5.26%
AMEIND	+	25,040	1.01%
OWNHOME	-	1,692,960	68.55%
PACIFIC		393,764	15.94%
NEWEG	-	119,720	4.85%
MIDATL	-	329,893	13.36%
ENCENTRAL	-	369,869	14.98%
WNCENTRAL	-	165,729	6.71%
SOUATL	-	489,230	19.81%
ESCENTRAL	-	148,347	6.01%
WSCENTRAL	-	280,640	11.36%
MOUNT	-	172,488	6.98%
MEDICAID		333,472	13.50%

Continuous Variables

	Expected Sign	MAX	MIN	MEAN	Std. DEV
AGE	+	96	18	49.40	18.69
FAMSIZE	+	20	1	2.60	1.58
NCHLT5	+	6	0	0.11	0.39

V. Results

The regression shows that in 2014, participation in Medicaid was less likely for immigrants than for natives in the United States. All variables in the model were statistically significant at the 1% level (see Results Table). The coefficients of my variables measure the marginal effects after logit. The dummy variables, whose values are either 0 or 1, mean that the probability of welfare use increases if that variable is positive or decreases if it is negative. The continuous variables in my model are interpreted as an increase in probability of an individual's Medicaid participation. The coefficients estimate probabilities at a point on the curve. The point is the observation average based on explanatory variables. For FAMSIZE, a continuous variable, the value 0.01255 is interpreted as a 1.255% increase in the probability of a person participating in Medicaid for every additional person in his family.

ASIAN and NEWEG had unexpected coefficient signs. The positive coefficient for ASIAN was surprising because people of Asian descent typically are less likely to need welfare because of their higher educational attainment in comparison to whites. The unexpected sign may be due to the low percentage (5.15%) of Asian people in my data. The positive coefficient for NEWEG could be due to the higher cost of living in the region in comparison to the Pacific census region.

The variables that have the largest impact on an individual's probability of participating in Medicaid in my results are LABOR and MALE. If a person is in the labor force or male, there is a lower probability of participating in Medicaid. Labor force participation is a large portion of the decrease in the probability of Medicaid participation due to the increase in income associated with working and therefore a lower likelihood for needing assistance such as Medicaid. Males are also less likely to participate in Medicaid, which could be due to the higher percentage of males who are the primary household worker and the pay gap between men and women.

The variable of focus in my study, IMM, had a negative coefficient. That means that, all else equal, immigrants were less likely than natives to use of Medicaid. Although Medicaid participation of immigrants was not targeted in the 1996 welfare reform, it was part of the federal five-year waiting period by which immigrants must abide. States do provide Medicaid to certain populations of immigrants, some of whom were excluded from my study. Medicaid is available to immigrant children or

immigrant children and pregnant women who do not meet the five-year waiting period requirement. In addition, all immigrants are eligible for Medicaid in emergency situations. The five-year waiting period for immigrants and the non-emergency provision could be the reason for the lower likelihood of participating in Medicaid if an individual is an immigrant.

To measure the overall fit of the model, I used McFadden's R-squared which was 0.187. McFadden's R-squared is a pseudo r-squared term used to measure the overall fit of a logit model. An r-squared of 0.187 means that my model was able to explain 18.7% of the variation in the data. For labor economics, low r-squared values are typical due to the numerous important but un-measurable personal, economic, and social variables. An r-squared of 0.187 is thus a good fit for my model.

My results table is on the next page.

VI. Conclusion

My study shows that the likelihood of participating in Medicaid in 2014 was lower for adult immigrants than natives. The focus on individual use by adults could be a factor as to why my results differ from some of the existing literature. Previous studies have measured immigrant welfare use through household use. Household use of welfare programs can include native use in an immigrant household because of children, which would overestimate immigrant welfare use. The focus on adults who are lawfully able to sustain themselves is a better measure for the potential of public charges. My study reveals that immigrants earn a sufficient level of income to provide for themselves and are less likely to take advantage of welfare programs than natives; thus, welfare programs are not likely a significant factor in immigration decisions. In the future, a time-series analysis of individual use of all welfare programs would provide greater insight into the issue across policy climates. Measuring immigrants' contribution to welfare programs versus use of welfare programs could further enhance the results and discussion.

RESULTS TABLE

IMM	-.01332*** (.00052)	BLACK	.04252*** (.00063)
MARR	-.08622*** (.00045)	ASIAN	.01964*** (.00096)
ENGLANG	-.02496*** (.00098)	OTHER	.01481*** (.00076)
LABOR	-.10987*** (.00048)	AMEIND	.047797*** (.00191)
HIGRAD	-.03793*** (.00045)	OWNHOME	-.08780*** (.00049)
ASSOCIATES	-.05853*** (.00039)	MULTGENS	.008897*** (.0007)
BACHELORS	-.08046*** (.00036)	NEWENG	.027396*** (.00099)
MASTERS	-.08367*** (.000333)	MIDATL	-.0012495*** (.00057)
ENCENTRAL	-.01075*** (.00054)	AGESQD	-.00004*** (.00005)
WNCENTRAL	-.01893*** (.00065)	AGE	.00432*** (.00005)
SOUATL	-.03207*** (.00045)	FAMSIZE	.01255*** (.00013)
ESCENTRAL	-.014418*** (.00066)	NCHLT5	.038822*** (.0002)
WSCENTRAL	-.03788*** (.00045)	MALE	-.0143l98*** (.000333)
MOUNT	-.01389*** (.00064)		
MCFADDEN'S ADJ R-SQD	0.187		

***Indicates statistically significant at 1% level

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Appendix

Census Regions	States
PACIFIC	Alaska, California, Hawaii, Oregon, Washington
NEWEG	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
MIDATL	New Jersey, New York, Pennsylvania
ENCENTRAL	Illinois, Indiana, Michigan, Ohio, Wisconsin
WNCENTRAL	Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota
SOUATL	Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia
ESCENTRAL	Alabama, Kentucky, Mississippi, Tennessee
WSCENTRAL	Arkansas, Louisiana, Oklahoma/Indian Territory, Texas
MOUNT	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming